

## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
<b>PRINT or TYPE</b> Company/Agency name Allwest Financial		Signing Authority name (Bulk records accounts only) Eric Stentzel	
Contract contact manager (IVIPS and Bulk records accounts) Eric Stentzel	Email (required for IVIPS and Bulk records) eric@allwestfinancial.com	(Area code) Phone number (509) 301-0054	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 2221 S Garfield Rd, Airway Heights, WA, 99001			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers: Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603174603	
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does) Allwest Financial conducts business as a vehicle wholesale dealer. Buying and selling our vehicles dealer to dealer and at auction. We contract out and do vehicle repairs in house as necessary.			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input checked="" type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: <input type="checkbox"/> Other (explain)	

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

When we attempt to purchase a vehicle it is important to make sure that there is nothing prohibiting us from taking full ownership. Such as a lien or different registered owner then the one attempting to sell the vehicle. This way we can quickly and efficiently conduct our business in accordance with the law.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No



☐ I represent a government agency. Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ I am an attorney.\* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

**By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

4/27/2016 Spence

Date and place (county) signed

Title

General Manager

X

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



STATE OF  
WASHINGTON

## BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 603 174 603  
Business ID #: 1  
Location: 1  
Expires: 01-31-2017

ALLWEST FINANCIAL LLC  
ALLWEST AUTO REMARKETING  
2321 S GARFIELD RD  
AIRWAY HEIGHTS WA 99001

UNEMPLOYMENT INSURANCE  
INDUSTRIAL INSURANCE

TAX REGISTRATION  
MOTOR VEHICLE DEALER #7540

### LICENSING RESTRICTIONS:

Not authorized to hire minors without a Minor Work Permit.

### REGISTERED TRADE NAMES:

ALLWEST FINANCIAL  
ALLWEST AUTO REMARKETING  
FLEET NORTH AMERICA  
NORTHWEST FLEET LIQUIDATORS  
NORTHERN FLEET MANAGEMENT  
PACIFIC FLEET DISTRIBUTORS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*W. L. Smith*

Director, Department of Revenue



## Vehicle/Vessel Contract Application

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### Fees

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<b>1</b> Method of access you are requesting			
<input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name <b>Nicoll Black &amp; Feig</b>			
Contract contact/manager (IVIPS and Bulk records accounts) <b>Pegreen Mulhern</b>		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number <b>(206) 833-7555</b>	Email (required for IVIPS and Bulk records) <b>pmulhern@nicollblack.com</b>	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) <b>1325 Fourth Avenue, Suite 1650, Seattle, WA 98101</b>			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:		Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>98</b>
		WA Unified Business Identifier (UBI)	
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does)			
Law firm specializing in Maritime Law. We represent vessel owners and insurance companies insuring vessels and their owners.			
<b>3</b> Check all that apply to you and/or your business			
<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	

**4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.**

Need to be able to make sure the title is clear for vessel sales and transactions regarding various vessels.

**5 Redisclosure and/or selling of information**

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No  
If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6 Owner contact**

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*  
If yes, why will you contact the owner and how will you contact them?

**7 Answer the following**

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply☐ **I represent a government agency.** Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☒ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

**By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

25 April 2016 at King County Washington

Date and place (county) signed

Attorney at Law

Title

☒ Pegeen Mulhern

Signature

**Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725**  
**Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93**

**Subscriber Roster (Data brokers/resellers applying for IVPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivpsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WSBA.ORG  
WebsiteCLE ONLINE  
StoreMY  
ProfileMCLE  
Activities SearchLAWYER  
DirectoryWelcome, [Pegeen Mulhern](#) Logout

## Ms. Pegeen Mulhern

[My Profile](#)
[License Renewal](#)
[MCLE](#)

WSBA Number: 21068

Member Status: Active

Public/Mailing Address:

Nicoll Black &amp; Feig, PLLC

1325 4th Ave Ste 1650

Seattle, WA 98101-2506

(206) 838-7555

pmulhern@nicollblack.com

Phone:

Email:

### Sign up for Paperless License Renewal for 2017

☐ Yes, I agree to renew online in 2017, including MCLE and Sections, and do not require a licensing packet mailed to me. I will receive a licensing reminder by email only.

### Practice Information

Firm or Employer:

Nicoll Black &amp; Feig, PLLC

Firm Size:

11-20 Lawyers in Firm

Practice Areas:

Business/ Commercial, Contracts, Corporate

Other Languages Spoken:

None Specified

### Liability Insurance

Private Practices:

Yes

Has Insurance?

Yes

Last Updated:

10/29/2015

### Sections

You are a member of these sections:

Business Law

### Committees

You are a member of these committees/boards/panels:

None



State of Washington  
Business Licensing Services

Office of the Secretary of State  
Corporations Division

## LEGAL ENTITY REGISTRATION

NICOLL BLACK & FEIG, PLLC  
1325 4TH AVE #1650  
SEATTLE WA 98101

Unified Business ID #: 602 428 810  
Business ID #: 1

Expires: 09-30-2016

Domestic Professional Limited Liability Company  
Renewed by Authority of Secretary of State

REGISTERED TRADE NAMES:  
NBM & F  
NBMF  
NICOLL BLACK

By accepting this document the licensee certifies that information provided on the renewal was complete, true, and accurate to the best of his or her knowledge, and that the company will stay in compliance with all applicable Washington State regulations.

  
Secretary of State

# MESSMER MOTORS

5602 South Tacoma Way

Tacoma, Wa 98409

[sales@messmermotors.com](mailto:sales@messmermotors.com)

PH: (253)475-0329

Fax: (253)472-6876

Fax to, Dol 360 570-7895

Attention, Internet Vehicle/Vessel Information  
Processing System

(IVIPS)

Description,

**Vehicle/Vessel Contract Application**

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

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- ☒ **IVIPS (Individual record inquiries)** Current IVIPS number, if applicable **13**
- ☐ **Bulk vehicle/vessel records (Batch process)** Frequency (check one): ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Contract contact manager (IVIPS and Bulk records accounts)

Signing Authority name (Bulk records accounts only)

**Keith Messmer**

(Area code) Phone number Email (required for IVIPS and Bulk records)  
**(253) 475-0329 sales@messmermotors.com**

(Area code) Phone number

Email (required for Bulk records)

Physical address of business (Number and street, City, State, ZIP code)

**5602 south tacoma way Tacoma Wa 98409**

Mailing address of business, if different (Address or PO Box, City, State, ZIP code)

**2** Provide one of these identifiers:

Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
		<b>602926752</b>

**2** Provide a detailed explanation of your primary business activity (exactly what your business does).

**Used car dealership. Buy cars, trade cars, sell cars.**

**3** Check all that apply to you and/or your business

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Attorney                      | <input type="checkbox"/> Lien service                   | <input type="checkbox"/> Service bureau for another business  |
| <input type="checkbox"/> Auction                       | <input type="checkbox"/> Marina                         | <input type="checkbox"/> Provide business name:               |
| <input type="checkbox"/> Auto manufacturer or agent    | <input type="checkbox"/> Neighborhood block watch       |   |
| <input type="checkbox"/> Bail bonds                    | <input type="checkbox"/> Newspaper or media             | <input type="checkbox"/> Storage facility                     |
| <input type="checkbox"/> Bank or financing firm        | <input type="checkbox"/> Non-profit organization        | <input type="checkbox"/> Title/Escrow                         |
| <input type="checkbox"/> Business                      | <input type="checkbox"/> Parking enforcement            | <input type="checkbox"/> Toll facility                        |
| <input type="checkbox"/> Commercial parking company    | <input type="checkbox"/> Private investigator           | <input type="checkbox"/> Towing company                       |
| <input type="checkbox"/> Credit union                  | <input type="checkbox"/> Process server                 | <input type="checkbox"/> Transporter                          |
| <input type="checkbox"/> Data broker/Reseller          | <input type="checkbox"/> Property mgmt. - Government    | <input type="checkbox"/> Union (non-profit)                   |
| <input type="checkbox"/> Debt recovery/Collection      | <input type="checkbox"/> Property mgmt. - Private       | <input checked="" type="checkbox"/> Vehicle/Vessel dealer     |
| <input type="checkbox"/> Employer/Prospective employer | <input type="checkbox"/> Repossession service           | <input type="checkbox"/> I represent a business that will     |
| <input type="checkbox"/> Government                    | <input type="checkbox"/> Retail/Store                   | <input type="checkbox"/> provide information to another party |
| <input type="checkbox"/> Guardianship/Trustee service  | <input type="checkbox"/> School - Private               | <input type="checkbox"/> Provide business names:              |
| <input type="checkbox"/> Homeowner association         | <input type="checkbox"/> School - Public                |   |
| <input type="checkbox"/> Hospital                      | <input type="checkbox"/> Scrap processor or wrecker     | <input type="checkbox"/> Other (explain)                      |
| <input type="checkbox"/> Hulk hauler                   | <input type="checkbox"/> Security services - Government |   |
| <input type="checkbox"/> Insurance company/agent       | <input type="checkbox"/> Security services - Private    |   |

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

It is important that I am able to find out if there is an unpaid balance or lien on a vehicle when purchasing them or taking a vehicle on trade in.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, will you provide or sell the information?

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6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

I would contact the legal owner to find out an unpaid balance so I can pay it off.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
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☐ **I am a process server.** Attach legible copies of:

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- any/all professional licenses that you possess
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☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
  - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
  - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** -- attach a legible copy of your current business license.  
 IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

owner \_\_\_\_\_

Title \_\_\_\_\_

4-22-16 Peirce \_\_\_\_\_

Date and place (county) signed \_\_\_\_\_

**X** Keith Messmer \_\_\_\_\_  
 Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name	Contact name	Email	Telephone #
Subscriber's permissible use				
<b>2</b>	Address, City, State, ZIP code			
Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name	Contact name	Email	Telephone #
Subscriber's permissible use				
<b>3</b>	Address, City, State, ZIP code			
Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name	Contact name	Email	Telephone #
Subscriber's permissible use				
<b>4</b>	Address, City, State, ZIP code			
Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name	Contact name	Email	Telephone #
Subscriber's permissible use				
<b>5</b>	Address, City, State, ZIP code			
Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name	Contact name	Email	Telephone #
Subscriber's permissible use				
<b>6</b>	Address, City, State, ZIP code			
Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name	Contact name	Email	Telephone #
Subscriber's permissible use				
<b>7</b>	Address, City, State, ZIP code			
Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Legal business name	Contact name	Email	Telephone #
Subscriber's permissible use				

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

KEITH J MESSMER  
MESSMER MOTORS  
5602 S TACOMA WAY  
TACOMA WA 98409-4216

DETACH BEFORE POSTING

003758



# BUSINESS LICENSE

WASHINGTON

Sole Proprietorship

KEITH J MESSMER  
MESSMER MOTORS  
5602 S TACOMA WAY  
TACOMA WA 98409-4216

TAX REGISTRATION  
MOTOR VEHICLE DEALER #2602

REGISTERED TRADE NAMES:  
MESSMER MOTORS

Unified Business ID #: 602.926.752

Business ID #: 1

Location: 1

Expires: 06-30-2016

This document lists the registrations, endorsements, and license authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*W. J. Messmer*  
Director, Department of Revenue



**Vehicle/Vessel Contract Application**

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

**Fees**

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name <b>Infiniti of Lynnwood</b>		Signing Authority name (Bulk records accounts only)	
Contract contact/manager (IVIPS and Bulk records accounts) <b>Amy Corbuley</b>			
(Area code) Phone number <b>425-563-6600</b>	Email (required for IVIPS and Bulk records) <b>amy.c@infiniti.com</b>	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) <b>17305 HWY 99 Lynnwood, WA 98037</b>			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers: <b>Selling and servicing cars.</b>	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <b>603 529 051</b>
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does)			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name:  <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names:  <input type="checkbox"/> Other (explain)	

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

we will need to be able to look up information on vehicles being traded in or sold to our dealership. We will be looking at the lienholder information in order to determine the legal ownership status of a vehicle in order to acquire the correct documents connected to releasing interest in vehicles and titling vehicles.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

Contact will only be made in situations where titling issues arise and the vehicle/vessel owner is required to be involved in the resolution.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply☐ **I represent a government agency.** Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635****Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640***By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*3/31/16  
Date and place (county) signed

Controller

Title

**X**  
SignatureFederal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Domestic Profit Corporation

LYNNWOOD INFINITI, INC.  
INFINITI OF LYNNWOOD  
17305 HIGHWAY 99  
LYNNWOOD WA 98037 3143

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
MOTOR VEHICLE DEALER #2528

## LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:  
INFINITI OF LYNNWOOD

## UNEMPLOYMENT INSURANCE

Unified Business ID #: 603 529 651

Business ID #: 1

Location: 1

Expires: 01-31-2017

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*Viki Smith*

Director, Department of Revenue



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow **14** business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
<b>PRINT or TYPE</b> Company/Agency name Mountain Loop Motorcars			
<b>Contract contact/manager (IVIPS and Bulk records accounts)</b> Tammy Ness		<b>Signing Authority name (Bulk records accounts only)</b>	
(Area code) Phone number (360) 651-7700	<b>Email (required for IVIPS and Bulk records)</b> mtinloopmotorcar@frontier.com	(Area code) Phone number	<b>Email (required for Bulk records)</b>
Physical address of business (Number and street, City, State, ZIP code) 1293 State Ave Marysville, WA 98270			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
<b>Provide one of these identifiers:</b>	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <div style="background-color: black; color: white; text-align: center;">98</div>	WA Unified Business Identifier (UBI) 601-916-560
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does) Used vehicle sales			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name:	<input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names:
<input type="checkbox"/> Other (explain) _____			

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To check if there are legal owner/lienholders on vehicles and to make sure all registered and legal owners have signed the proper documents

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☒ Provide ☐ No  
If no, skip to Section 6.

If yes, who will you provide or sell the information?

To the lienholder if there is a payoff on a vehicle

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

The information will only be used for business purposes and customers will not have access to the information

How will you provide the information to recipients? Explain.

Via phone call or payoff authorization if there is a lienholder

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

If we need signatures or documents to release interest in a vehicle, or if there is a payoff on a vehicle

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply

☐ **I represent a government agency.** Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Title Clerk \_\_\_\_\_

Title

3/30/16 Snodgrass  
Date and place (county) signed

X Snodgrass  
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name Mountain Loop Motorcars Address, City, State, ZIP code 1293 State Ave Marysville, WA 98270 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact name Tammy Ness	Email mtnloopmotorcar@frontier.com Subscriber's permissible use information is used in processing of vehicle trade-ins and purchasing vehicles	Telephone # (360) 651-7700
<b>2</b>	Legal business name Mountain Loop Motorcars Address, City, State, ZIP code 1293 State Ave Marysville, WA 98270 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact name Dave Kerney	Email mtnloopsales@frontier.com Subscriber's permissible use information is used in processing of vehicle trade-ins and purchasing vehicles	Telephone # (360) 651-7700
<b>3</b>	Legal business name Mountain Loop Motorcars Address, City, State, ZIP code 1293 State Ave Marysville, WA 98270 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact name David Regimbal	Email mtnloopsales@frontier.com Subscriber's permissible use information is used in processing of vehicle trade-ins and purchasing vehicles	Telephone # (360) 651-7700
<b>4</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #
<b>5</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #
<b>6</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #
<b>7</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 601 916 560

Business ID #: 1

Location: 1

Expires: 11-30-2016

MOUNTAIN LOOP MOTORCARS, INC.  
1293 STATE AVE  
MARYSVILLE WA 98270 3601

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
MINOR WORK PERMIT  
MOTOR VEHICLE DEALER #0614

UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:  
MARYSVILLE GENERAL BUSINESS #7700SVC306

DUTIES OF MINORS:  
Wash cars

## LICENSING RESTRICTIONS:

Court permission and a variance from L&I is required to hire minors under the age of 14 in non-agriculture jobs. Call 360-902-5316 or email [teensafety@lni.wa.gov](mailto:teensafety@lni.wa.gov) for information.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*W. J. Smith*

Director, Department of Revenue



STATE OF  
WASHINGTON

# RESELLER PERMIT

Washington State Department of Revenue

PO Box 47-176 • Olympia, WA 98501-7476 • 1-800-647-7706

**Issued to:**

601 916 560  
MOUNTAIN LOOP MOTORCARS INC  
1293 STATE AVE  
MARYSVILLE WA 98270 3601

**Business Activities:**  
USED CAR DEALERS

**Permit Number:** A06 6078 17

**Effective Date:** 01-01-2014

**Expiration Date:** 12-31-2017

**This permit can be used to purchase:**

- Merchandise and inventory for resale without intervening use
- Ingredients, components, or chemicals used in processing new articles of tangible personal property produced for sale
- Feed, seed, seedlings, fertilizer, and spray materials by a farmer
- Materials and contract labor for retail/wholesale construction
- Items for dual purposes (see Purchases for Dual Purposes on back)

**This permit cannot be used to purchase:**

- Items for personal or household use
- Promotional items or gifts
- Items used in your business that are not resold, such as office supplies, equipment, tools, and equipment rentals
- Materials and contract labor for public road construction or U.S. government contracting (see Definitions on back)
- Materials and contract labor for speculative building

**This permit is no longer valid if the business is closed.**

**The business named on this permit acknowledges:**

- It is solely responsible for all purchases made under this permit
- Misuse of the permit:
  - Subjects the business to a penalty of 50 percent of the tax due, in addition to the tax, interest, and penalties imposed (RCW 82.32.291)
  - May result in this permit being revoked

**Notes (optional):**

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**Important:** The Department of Revenue may use information from sellers to verify all purchases made with this permit were qualified.

*Reseller: Keep this original permit on file. Provide copies to sellers from which you make purchases.*

IVY  
AS

pa 1 of 4

STATE OF  
WASHINGTON

## BUSINESS LICENSE

Domestic Profit Corporation

 Unified Business ID #: 603 393 672  
 Business ID #: 1  
 Location: 1  
 Expires: 02-28-2017

 KIRKLAND NISSAN, INC.  
 KIRKLAND NISSAN  
 11930 124TH AVE NE  
 KIRKLAND WA 98034

 UNEMPLOYMENT INSURANCE  
 INDUSTRIAL INSURANCE

 TAX REGISTRATION  
 MOTOR VEHICLE DEALER #0799

## LICENSING RESTRICTIONS:

Not authorized to hire minors without a Minor Work Permit.

## REGISTERED TRADE NAMES:

KIRKLAND NISSAN

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records ( <i>Batch process</i> ) Frequency ( <i>check one</i> ): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name <b>KIRKLAND NISSAN, INC.</b>			
Contract contact/manager ( <i>IVIPS and Bulk records accounts</i> ) <b>K&amp;B NOBLES</b>		Signing Authority name ( <i>Bulk records accounts only</i> ) _____	
(Area code) Phone number	Email ( <i>required for IVIPS and Bulk records</i> )	(Area code) Phone number	Email ( <i>required for Bulk records</i> )
<b>425-947-1232</b>	<b>snobles@kirklandnissan.com</b>		
Physical address of business (Number and street, City, State, ZIP code) <b>11930 124TH AVE N.E. KIRKLAND, WA 98034</b>			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) _____			
Provide <b>one</b> of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			<b>603 393 672</b>
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does). <b>AUTO SALES &amp; SERVICE</b>			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	

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**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To confirm registered owner of record is the same as individual trading in the vehicle. Also, to assess whether there is a legal owner in vehicle that differs from registered owner. Also, to confirm that there is or isn't a Washington title on said vehicle

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☐ Yes ☒ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☐ Yes ☒ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☐ Yes ☒ No

**8** Check all that apply
☐ **I represent a government agency.** Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** -- attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

3/2/2016

Date and place (county) signed

Title

**X**

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



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**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting			
<input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
<b>PRINT or TYPE Company/Agency name</b> Edward F. Boyer, dba Boyer Law			
<b>Contract contact/manager (IVIPS and Bulk records accounts)</b> Edward F. Boyer		<b>Signing Authority name (Bulk records accounts only)</b>	
(Area code) Phone number <b>(206) 784-0886</b>	Email (required for IVIPS and Bulk records) <b>efboyer@comcast.net</b>	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) <b>5215 Ballard Ave. NW, Suite 3, Seattle, WA 98107</b>			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			

<b>Provide one of these identifiers:</b>	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>80</b>	WA Unified Business Identifier (UBI)
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**2** Provide a detailed explanation of your primary business activity (exactly what your business does)

Attorney at Law, providing legal services

**3** Check all that apply to you and/or your business

<input checked="" type="checkbox"/> <b>Attorney</b> <input type="checkbox"/> <b>Auction</b> <input type="checkbox"/> <b>Auto manufacturer or agent</b> <input type="checkbox"/> <b>Bail bonds</b> <input type="checkbox"/> <b>Bank or financing firm</b> <input type="checkbox"/> <b>Business</b> <input type="checkbox"/> <b>Commercial parking company</b> <input type="checkbox"/> <b>Credit union</b> <input type="checkbox"/> <b>Data broker/Reseller</b> <input type="checkbox"/> <b>Debt recovery/Collection</b> <input type="checkbox"/> <b>Employer/Prospective employer</b> <input type="checkbox"/> <b>Government</b> <input type="checkbox"/> <b>Guardianship/Trustee service</b> <input type="checkbox"/> <b>Homeowner association</b> <input type="checkbox"/> <b>Hospital</b> <input type="checkbox"/> <b>Hulk hauler</b> <input type="checkbox"/> <b>Insurance company/agent</b>	<input type="checkbox"/> <b>Lien service</b> <input type="checkbox"/> <b>Marina</b> <input type="checkbox"/> <b>Neighborhood block watch</b> <input type="checkbox"/> <b>Newspaper or media</b> <input type="checkbox"/> <b>Non-profit organization</b> <input type="checkbox"/> <b>Parking enforcement</b> <input type="checkbox"/> <b>Private investigator</b> <input type="checkbox"/> <b>Process server</b> <input type="checkbox"/> <b>Property mgmt. - Government</b> <input type="checkbox"/> <b>Property mgmt. - Private</b> <input type="checkbox"/> <b>Repossession service</b> <input type="checkbox"/> <b>Retail/Store</b> <input type="checkbox"/> <b>School - Private</b> <input type="checkbox"/> <b>School - Public</b> <input type="checkbox"/> <b>Scrap processor or wrecker</b> <input type="checkbox"/> <b>Security services - Government</b> <input type="checkbox"/> <b>Security services - Private</b>	<input type="checkbox"/> <b>Service bureau for another business</b> Provide business name: _____ <input type="checkbox"/> <b>Storage facility</b> <input type="checkbox"/> <b>Title/Escrow</b> <input type="checkbox"/> <b>Toll facility</b> <input type="checkbox"/> <b>Towing company</b> <input type="checkbox"/> <b>Transporter</b> <input type="checkbox"/> <b>Union (non-profit)</b> <input type="checkbox"/> <b>Vehicle/Vessel dealer</b> <input type="checkbox"/> <b>I represent a business that will provide information to another party</b> Provide business names: _____ <input type="checkbox"/> <b>Other (explain)</b> _____
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**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

I represent individuals with legal claims, violation of consumer rights involving vehicles. I also help people with estate planning which may involve motor vehicles, including manufactured homes and mobile homes.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☒ Provide ☐ No  
If no, skip to Section 6.

If yes, who will you provide or sell the information?

I may provide some of the information to a someone involved in a legal claim or law suit. This could include opposing parties, lawyers and judges.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

As an attorney I will follow the rules governing legal representation, legal claims and law suits.

How will you provide the information to recipients? Explain.

I may send them copies.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

Only if needed for legal representation for someone, typically by telephone, letter or sending copies.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

☐ I represent a government agency. Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☐ I represent a Washington State business. Attach legible copies of:

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- any/all professional licenses that you possess

☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☒ I am an attorney.\* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Seattle, WA

Date and place (county) signed

Owner

Title

☒ Edward F. Boyer

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

City of Seattle Customer #: 146735

State of Washington UBI #: 601402525

Tax period: Annual\*

Tax Reporting: Separate

BUSINESS LICENSE TAX CERTIFICATE

BOYER LAW

EXPIRATION DATE

12/31/2016

601402525

\* Annual tax return due: Jan

IF you have not received a blank return within 20 days of a due date, contact the Licensing & Tax Administration office.

BOYER EDWARD F

5215 BALLARD AVE NW # STE 3

SEATTLE, WA 98107-4838

**Not Transferable**

**Post Conspicuously**



**THE CITY OF SEATTLE**

Dept. of Finance and Administrative Services

700 5th Avenue Suite 4250

P.O. BOX 34214

Seattle WA 98124-4214

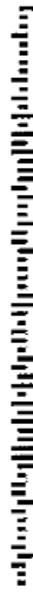
(206) 684-8484 Fax (206) 684-5170

email: [tax@seattle.gov](mailto:tax@seattle.gov) website: [seattle.gov/licenses](http://seattle.gov/licenses)

Business License Tax Certificate  
Expiration Date: 12/31/2016

**BUSINESS MAILING ADDRESS:**

146735 000 1 643/4-6-10



BOYER EDWARD F

5215 BALLARD AVE NW STE 3

SEATTLE WA 98107-4838

2016



WASHINGTON STATE BAR ASSOCIATION

*Active Member*

**Mr. Edward Franklin Boyer**

WSBA-ID: 4432

Admitted: 11/1975

A handwritten signature in cursive script, reading "Edward F. Boyer", written over a horizontal line.

Member Signature

*Working together to Champion Justice*





## Vehicle/Vessel Contract Application

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<b>PRINT or TYPE</b> Company/Agency name			
<b>DVP Salish Sea LLC</b>			
<b>Contract contact/manager (IVIPS and Bulk records accounts)</b>		<b>Signing Authority name (Bulk records accounts only)</b>	
<b>Marc Forlenza</b>			
(Area code) Phone number	Email (required for IVIPS and Bulk records)	(Area code) Phone number	Email (required for Bulk records)
<b>(360) 472-1644</b>	<b>getmarc62@gmail.com</b>		
Physical address of business (Number and street, City, State, ZIP code)			
<b>640 Mullis St. Suite 212, Friday Harbor, WA, 98250</b>			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			<b>603-360-362</b>
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does).			
I have a contract with San Juan County (16EN.003) to identify and take custody when necessary of Vessels of Concern and Derelict Vessels. This involves contacting owners, frequently on an emergency basis, to enlist their help in dealing with vessels that may have sunk or are in danger of doing so. I work closely with Washington State DNR in processing vessels that have been taken into custody.			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney	<input type="checkbox"/> Lien service	<input type="checkbox"/> Service bureau for another business	<input type="checkbox"/> Provide business name:
<input type="checkbox"/> Auction	<input type="checkbox"/> Marina	<input type="checkbox"/> Storage facility	<input type="checkbox"/> Title/Escrow
<input type="checkbox"/> Auto manufacturer or agent	<input type="checkbox"/> Neighborhood block watch	<input type="checkbox"/> Toll facility	<input type="checkbox"/> Towing company
<input type="checkbox"/> Bail bonds	<input type="checkbox"/> Newspaper or media	<input type="checkbox"/> Transporter	<input type="checkbox"/> Union (non-profit)
<input type="checkbox"/> Bank or financing firm	<input type="checkbox"/> Non-profit organization	<input type="checkbox"/> Vehicle/Vessel dealer	<input type="checkbox"/> I represent a business that will provide information to another party
<input type="checkbox"/> Business	<input type="checkbox"/> Parking enforcement	<input type="checkbox"/> Retail/Store	<input type="checkbox"/> Provide business names:
<input type="checkbox"/> Commercial parking company	<input type="checkbox"/> Private investigator	<input type="checkbox"/> School - Private	
<input type="checkbox"/> Credit union	<input type="checkbox"/> Process server		
<input type="checkbox"/> Data broker/Reseller	<input type="checkbox"/> Property mgmt. - Government		
<input type="checkbox"/> Debt recovery/Collection	<input type="checkbox"/> Property mgmt. - Private		
<input type="checkbox"/> Employer/Prospective employer	<input type="checkbox"/> Repossession service		
<input type="checkbox"/> Government	<input type="checkbox"/> Retail/Store		
<input type="checkbox"/> Guardianship/Trustee service	<input type="checkbox"/> School - Private		

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

When a Vessel of Concern or a Derelict Vessel is identified, I contact the owner as soon as possible to see if they can correct the violations of RCW 79.100 that the vessel may have incurred. On many occasions the owners take responsibility for their vessels thus saving the County, the DNR and the taxpayer the expense of taking custody of their vessel. By being able to access owner information quickly I can accomplish my goals of preventing sinkings more effectively. In the past the DNR has provided this information but they indicated that I should have my own IVIPS account and thus obtain the information quicker. I am on the water several times a month as our county is a magnet for transient vessels that are not always in seaworthy shape, and are left anchored for periods of more than 30 days. In these cases I must contact the owners and inform them of the regulations that apply to anchoring in State Aquatic Waters.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☒ Provide ☐ No  
If no, skip to Section 6.

If yes, who will you provide or sell the information?

There are occasions when I must inform the San Juan County's Sheriff's Office of an owner's details especially when I need their help in location said owner. Likewise the Department of Natural Resources will become aware of an owner's identity, however both these entities already have the ability to legally obtain owner information. On other occasions Vessel Assist or manager/owners of haul out facilities will sometimes require to know the owners identity before performing their work in order to bill for their services.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

The recipients either already have the right to legally access owner info or they need the information to provide the services that may become necessary for the fulfillment of my obligations under my contract with San Juan County.

How will you provide the information to recipients? Explain.

It will either be verbal in person or telephone or by email. The utmost care will be taken so that

unauthorized people do not have access to vessel owner information. I have been in operation since

December 2013 and have processed scores of vessels without having misused access to owner information

**6** Owner contact

Will you contact the vehicle/vessel owner? .....

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

I must contact the owners quickly especially when their vessels are present and imminently threaten to navigation of the Strait of Juan de Fuca.

☒ Yes ☐ No



8 Check all that apply

☐ I represent a government agency. Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

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*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

March 3, 2016

Date and place (county) signed

Manager/ Owner DVP Salish Sea LLC.

Title

**X** Marc Forlenza

Signature



STATE OF  
WASHINGTON

## BUSINESS LICENSE

DVP SALISH SEA, LLC  
660 MULLIS ST UNIT 212  
FRIDAY HARBOR WA 98250

Unified Business ID #: 603 360 362  
Business ID #: 1

Expires: 12-31-2016



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdlsclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1 Method of access you are requesting</b> <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
<b>PRINT or TYPE Company/Agency name</b> Lien Services			
<b>Contract contact manager (IVIPS and Bulk records accounts)</b> Marie Dischein-Campanella		<b>Signing Authority name (Bulk records accounts only)</b>	
(Area code) Phone number (702) 496-7779	Email (required for IVIPS and Bulk records) lienscrv@cox.net	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 2926 Brookspark Dr Ste 300 North Las Vegas NV 89030			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) P.O. Box 571538 Las Vegas NV 89157			
Provide one of these identifiers: Taxpayer Identification Number (TIN) <span style="background-color: black; color: white;">[REDACTED]</span>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)	
<b>2 Provide a detailed explanation of your primary business activity (exactly what your business does)</b> Lien Sale paperwork for automotive businesses in the state of Nevada			
<b>3 Check all that apply to you and/or your business</b>			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input checked="" type="checkbox"/> <b>Lien service</b> <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> <b>Service bureau for another business</b> Provide business name:	<input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names:
<input type="checkbox"/> Other (explain) _____			

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

As per NRS 108.252 I need to contact the registered and legal owners of a lien sale.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

I will be contacting them by certified mail giving them notification of the lien sale

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply☐ **I represent a government agency.** Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☒ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
  - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
  - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635****Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640***By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

02/22/2016 Clark County

Date and place (county) signed

President

Title

**X**

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725

Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

# BUSINESS LICENSE

City of North Las Vegas  
2250 Las Vegas Boulevard North, Suite 110  
North Las Vegas, NV 89030

## Mailing Address:

LIEN SERVICES  
PO BOX 571538  
LAS VEGAS, NV 89157

In conformity with and subject to the provisions of the Ordinances of the City of North Las Vegas and the laws of the State of Nevada, license is hereby granted to operate the business described hereon:

License Number: 107621      Period Ending: 07/31/2016

Type of License: M021 MISCELLANEOUS SALES/SERVI

Business Location:

LIEN SERVICES  
2926 BROOKSPARK DR  
NORTH LAS VEGAS, NV

Owner/Principal(s)

LIEN SERVICES INC  
CITY OF

NORTH LAS VEGAS

*More Community of Choice*

This license is **not** transferable  
POST IN A CONSPICUOUS PLACE

*Gregory Blackburn*

Gregory Blackburn

Director

Community Development & Compliance

#### **487.035 Statement of charges for repair of automobile: Contents; presentations; penalty; liens.**

1. In every instance where charges are made for the repair of an automobile the person making such charge shall present to the person requesting the repairs or the person entitled to possession of the automobile a statement of the charges containing the following information:

- (a) The name and signature of the person authorizing or requesting the repairs;
- (b) A statement of the total charges;
- (c) An itemization and description of all parts used to repair the automobile indicating the charges made for each part;
- (d) A statement of the charges made for labor; and
- (e) A description of all charges.

2. Any person violating this section is guilty of a misdemeanor

3. In the case of an automobile registered in the State of Nevada no lien for labor or materials provided under NRS 108.267 to 108.360, inclusive, may be enforced by sale or otherwise unless a statement as described in subsection 1 has been given by certified mail to the last known address of the registered and the legal owner of the automobile. In all cases such notice shall be made to the last known address of the registered owner and any other person known to have or to claim an interest in the automobile.

#### **108.272 Notice**

1. Except as provided in subsection 2, the notice of a lien must be given by delivery in person or by registered or certified letter addressed to the last known place of business or abode of the person to be notified, and if no address is known then addressed to that person at the place where the lien claimant has his place of business.

2. Any person who claims a lien on aircraft, aircraft equipment or parts shall:

- (a) Within 120 days after he furnishes supplies or services; or
- (b) Within 7 days after he receives an order to release the property, whichever time is less, serve the legal owner by mailing a copy of the notice of the lien to his last known address, or if no address is known, by leaving a copy with the clerk of the court in the county where the notice is filed.

3. The notice must contain:

- (a) An itemized statement of the claim, showing the sum due at the time of the notice and the date when it became due.
- (b) A brief description of the motor vehicle, airplane, motorcycle, motor or airplane equipment, or trailer against which the lien exists
- (c) A demand that the amount of the claim as stated in the notice, and of any further claim as may accrue, must be paid on or before a day mentioned.
- (d) A statement that unless the claim is paid within the time specified the motor vehicle, aircraft, motorcycle, motor or aircraft equipment, or trailer will be advertised for sale, and sold by auction at a specified time and place.

4. **The lienholder shall determine a day for the purposes of the demand in paragraph (c) of subsection 3. The day mentioned must be:**

- (a) Not less than 10 days after the delivery of the notice if it is personally delivered; or
- (b) **Not less than 10 days after the time when the notice should reach its destination, according to the due course of post, if the notice is sent by mail.**

**108.310 Satisfaction of lien; sale by auction; disposition of proceeds.** Subject to the provision of NRS 108.315, the lien created in NRS 108.270 to 108.360, inclusive, may be satisfied as follows:

1. The lien claimant shall give written notice to the person on whose account the storing, maintaining, keeping, repairing, labor, fuel, supplies, facilities, services or accessories were made, done or given, and to any other person known to have or to claim an interest in the motor vehicle, aircraft, motorcycle, motor or aircraft equipment, aircraft parts or trailer, upon which the lien is asserted, and to the:
  - (a) Manufactured housing division of the Department of Commerce with regard to mobile homes and commercial coaches as defined in chapter 489 of NRS; or
  - (b) Registration division of the Department of Motor Vehicles and Public Safety with regard to all other items included in this section.

2. In accordance with the terms of a notice so given, a sale by auction may be had to satisfy any valid claim which has become a lien on the motor vehicle, aircraft, motorcycle, motor or aircraft equipment, aircraft parts or trailer. The sale must be had in the place where the lien was acquired, or, if that place is manifestly unsuitable for the purpose, at the nearest suitable place.

3. **After the time for the payment of the claim specified in the notice has elapsed, an advertisement of the sale, describing the motor vehicle, aircraft, motorcycle, motor or aircraft equipment, aircraft parts or trailer to be sold, and stating the name of the owner or person on whose account it is held, and the time and place of the sale, must be published once a week for 3 consecutive weeks in a newspaper published in the place where the sale is to be held, but if no newspaper is published in that place then in some newspaper published in this state and having a general circulation in that place. The sale must be held not less than 22 days after the time of the first publication.**



Datalink Services, Inc.  
PO Box 163355  
Sacramento, CA 95816  
Tel. 866.454.3238  
Fax 866.780.5246  
[www.lmvr.com](http://www.lmvr.com)

# Fax

<b>To:</b>	Washington Department of Licensing	<b>From:</b>	Ciaira Guhl
<b>Fax:</b>	360-570-7895	<b>Pages:</b>	5
<b>Phone:</b>		<b>Date:</b>	2/12/2016
<b>Re:</b>		<b>cc:</b>	
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			



**Vehicle/Vessel Contract Application**

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: [vsdisclose@dol.wa.gov](mailto:vsdisclose@dol.wa.gov).

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

**Fees**

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

**1 Method of access you are requesting**

☒ **IVIPS (Individual record inquiries)** Current IVIPS number, if applicable \_\_\_\_\_  
☐ **Bulk vehicle/vessel records (Batch process)** Frequency (check one): ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name  
DataLink Services, Inc

Contact contact/manager (IVIPS and Bulk records accounts)  
Mark Haddy

Signing Authority name (Bulk records accounts only)

(Area code) Phone number Email (required for IVIPS and Bulk records)  
(916) 248-4886 mhaddy@inmvs.com

(Area code) Phone number

Email (required for Bulk records)

Physical address of business (Number and street, City, State, ZIP code)  
3000 T Street

Mailing address of business, if different (Address or PO Box, City, State, ZIP code)  
PO Box 163355

Provide one of these identifiers: Taxpayer Identification Number (TIN)

Employer Identification Number (EIN)

WA Unified Business Identifier (UBI)

**2 Provide a detailed explanation of your primary business activity (exactly what your business does)**

DataLink Services, Inc. provides driver's/vehicle records information to Insurance/Financial companies throughout the United States. We act as their agent for obtaining this information as it would be difficult for them to obtain a direct relationship with a state and maintain that relationship in a timely and efficient manner.

**3 Check all that apply to you and/or your business**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Attorney                                 | <input checked="" type="checkbox"/> Lien service                | <input type="checkbox"/> Service bureau for another business  |
| <input type="checkbox"/> Auction                                  | <input type="checkbox"/> Marina                                 | <input type="checkbox"/> Provide business name:               |
| <input type="checkbox"/> Auto manufacturer or agent               | <input type="checkbox"/> Neighborhood block watch               |   |
| <input type="checkbox"/> Bail bonds                               | <input type="checkbox"/> Newspaper or media                     |   |
| <input type="checkbox"/> Bank or financing firm                   | <input checked="" type="checkbox"/> Non-profit organization     | <input checked="" type="checkbox"/> Storage facility          |
| <input type="checkbox"/> Business                                 | <input type="checkbox"/> Parking enforcement                    | <input checked="" type="checkbox"/> Title/Escrow              |
| <input type="checkbox"/> Commercial parking company               | <input checked="" type="checkbox"/> Private investigator        | <input type="checkbox"/> Toll facility                        |
| <input type="checkbox"/> Credit union                             | <input checked="" type="checkbox"/> Process server              | <input checked="" type="checkbox"/> Towing company            |
| <input checked="" type="checkbox"/> Data broker/Reseller          | <input type="checkbox"/> Property mgmt. - Government            | <input checked="" type="checkbox"/> Transporter               |
| <input checked="" type="checkbox"/> Debt recovery/Collection      | <input type="checkbox"/> Property mgmt. - Private               | <input type="checkbox"/> Union (non-profit)                   |
| <input checked="" type="checkbox"/> Employer/Prospective employer | <input checked="" type="checkbox"/> Repossession service        | <input type="checkbox"/> Vehicle/Vessel dealer                |
| <input checked="" type="checkbox"/> Government                    | <input type="checkbox"/> Retail/Store                           | <input type="checkbox"/> I represent a business that will     |
| <input checked="" type="checkbox"/> Guardianship/Trustee service  | <input checked="" type="checkbox"/> School - Private            | <input type="checkbox"/> provide information to another party |
| <input type="checkbox"/> Homeowner association                    | <input checked="" type="checkbox"/> School - Public             | <input type="checkbox"/> Provide business names:              |
| <input type="checkbox"/> Hospital                                 | <input checked="" type="checkbox"/> Scrap processor or wrecker  | <input type="checkbox"/> Other (explain) _____                |
| <input type="checkbox"/> Hulk hauler                              | <input type="checkbox"/> Security services - Government         |   |
| <input checked="" type="checkbox"/> Insurance company/agent       | <input checked="" type="checkbox"/> Security services - Private |   |

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We provide this information to our customers who consist mainly of insurance companies, financial institutions, lein sales and towing companies. These reports are used to support, verify and correct the information provided by their customers.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☒ Sell ☐ Provide ☐ No  
If no, skip to Section 6.

If yes, who will you provide or sell the information?  
Insurance companies, financial institutions, banks, lein sales and towing companies. Each one of these organizations must be approved by our company and have a legitimate business use for this information.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?  
DataLink Services, Inc. DMA: Compass Driving Records, requires that all end users acknowledge the restrictions of the DPPA and FCRA.

How will you provide the information to recipients? Explain.  
Information is transmitted from our secure server system using a rock solid 128 bit encryption SSL interface. From the moment you enter our website, the connection is a secure HTTPS connection.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?  
See attached letter. Each inquiry receives this letter advising them that an inquiry has been made. No commercial purpose is intended. Contact is made by mail. Upon receipt of a valid report, the registered owner is contacted by mail. A record is kept of each letter sent on an "Information Request Log" as outlined in RCW 46.12.380.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

☐ I represent a government agency. Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☐ I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☒ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ I am an attorney.\* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Title \_\_\_\_\_

\_\_\_\_\_

Date and place (county) signed 2-12-16 SACRAMENTO

Signature X [Signature]

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

96518

MUST BE POSTED IN CONSPICUOUS PLACE

City of <b>SACRAMENTO</b>		<b>BUSINESS OPERATIONS TAX CERTIFICATE</b>	
Business Name	DATA LINK SERVICES INC	FROM	TO
Business Address	3000 T ST 202	Mo. Day Yr.	Mo. Day Yr.
Owner	DATA LINK SERVICES INC	04/01/2016	03/31/2016
Type of Business	PUBLIC RECORDS RESEARCH	Expires	
Tax Classification	401		
DATA LINK SERVICES INC		VOID	
MARK HADDY		APR 11 IF NOT	
PO BOX 163355		VALIDATED	
SACRAMENTO, CA 95816-9438		96518	

THIS STUB MAY BE  
FOLDED/DETACHED  
BEFORE POSTINGTOTAL  
PAID: \$572.08

This certificate is not to be construed as a business license or imply that the City of Sacramento has investigated, or approves or recommends, the holder of this certificate. Any representation to the contrary is fraudulent. (This certificate must be renewed within 30 days of expiration).



*AHAdriver*

Phone: (916) 248-4642

Fax: (866) 790-5246

[support@imvrs.com](mailto:support@imvrs.com)

**NOTICE REGARDING RELEASE OF VEHICLE INFORMATION PURSUANT TO  
WASHINGTON LAW**

Notice is hereby given that \_\_\_\_\_  
("Requestor") has instructed Compass Driving Records DBA NV Datalink Services to  
obtain vehicle information from the State of Washington Department of Licensing on a  
vehicle where you are listed as the registered owner. This information is being  
obtained pursuant to the Driver's Privacy Protection Act.

Any and all inquiries as to the nature of this request / document can be forwarded to:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address City, ST Zip Code

\_\_\_\_\_  
Phone number and/or email address

\_\_\_\_\_  
Contact person – Company representative

Mailed on: \_\_\_\_/\_\_\_\_/\_\_\_\_ From: \_\_\_\_\_

Registered Owner:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, ST Zip Code

\_\_\_\_\_  
Vehicle VIN or Plate as ordered

CDR-WA Disc. 12/2009 v1.1



## Vehicle/Vessel Contract Application

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☐ **Bulk vehicle/vessel records (Batch process)** Frequency (check one): ☐ One time ☒ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Washington's Lottery

Contract contact/manager (IVIPS and Bulk records accounts)

Devoe, Daniel N

Signing Authority name (Bulk records accounts only)

(Area code) Phone number

(360) 664-4742

Email (required for IVIPS and Bulk records)

ddoev@walottery.com

(Area code) Phone number

Email (required for Bulk records)

Physical address of business (Number and street, City, State, ZIP code)

814 E 4th Avenue, Olympia WA 98506

Mailing address of business, if different (Address or PO Box, City, State, ZIP code)

PO Box 43028, Olympia WA 98504-3028

Provide one of these identifiers:

Taxpayer Identification Number (TIN)

Employer Identification Number (EIN)

0a

WA Unified Business Identifier (UBI)

### 2 Provide a detailed explanation of your primary business activity (exactly what your business does)

Washington's Lottery is a designated criminal justice agency. The Security and Licensing Division investigators conduct administrative and criminal investigations.

### 3 Check all that apply to you and/or your business

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Attorney<br><input type="checkbox"/> Auction<br><input type="checkbox"/> Auto manufacturer or agent<br><input type="checkbox"/> Bail bonds<br><input type="checkbox"/> Bank or financing firm<br><input type="checkbox"/> Business<br><input type="checkbox"/> Commercial parking company<br><input type="checkbox"/> Credit union<br><input type="checkbox"/> Data broker/Reseller<br><input type="checkbox"/> Debt recovery/Collection<br><input type="checkbox"/> Employer/Prospective employer<br><input checked="" type="checkbox"/> Government<br><input type="checkbox"/> Guardianship/Trustee service<br><input type="checkbox"/> Homeowner association<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Hulk hauler<br><input type="checkbox"/> Insurance company/agent | <input type="checkbox"/> Lien service<br><input type="checkbox"/> Marina<br><input type="checkbox"/> Neighborhood block watch<br><input type="checkbox"/> Newspaper or media<br><input type="checkbox"/> Non-profit organization<br><input type="checkbox"/> Parking enforcement<br><input type="checkbox"/> Private investigator<br><input type="checkbox"/> Process server<br><input type="checkbox"/> Property mgmt. - Government<br><input type="checkbox"/> Property mgmt. - Private<br><input type="checkbox"/> Repossession service<br><input type="checkbox"/> Retail/Store<br><input type="checkbox"/> School - Private<br><input type="checkbox"/> School - Public<br><input type="checkbox"/> Scrap processor or wrecker<br><input checked="" type="checkbox"/> Security services - Government<br><input type="checkbox"/> Security services - Private | <input type="checkbox"/> Service bureau for another business<br>Provide business name: _____<br><input type="checkbox"/> Storage facility<br><input type="checkbox"/> Title/Escrow<br><input type="checkbox"/> Toll facility<br><input type="checkbox"/> Towing company<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> Union (non-profit)<br><input type="checkbox"/> Vehicle/Vessel dealer<br><input type="checkbox"/> I represent a business that will<br>provide information to another party<br>Provide business names: _____<br><input type="checkbox"/> Other (explain) _____ |
|---|---|--|

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Investigators respond daily to reports of lottery ticket theft and fraud. Investigations regularly involve follow up on information that may include license plate numbers, vehicle descriptions, etc.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

N/A

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

N/A

How will you provide the information to recipients? Explain.

N/A

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

N/A - information will be forwarded to law enforcement agencies having jurisdiction.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**B** Check all that apply☒ **I represent a government agency.** Agency name: Washington's LotteryDo you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☒ Yes ☐ No☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** -- attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635****Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640***By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

February 12, 2016

Date and place (county) signed

Director of Security and Licensing

Title

**X** Daniel N. Devoe

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested.

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
<b>PRINT or TYPE</b> Company/Agency name <u>Olympic Auto Sales</u>			
Contract contact/manager (IVIPS and Bulk records accounts) <u>Stacey Tucker Nelson</u>		Signing Authority name (Bulk records accounts only) _____	
(Area code) Phone number <u>360-479-9802</u>	Email (required for IVIPS and Bulk records) <u>esfb@silverlink.net</u>	(Area code) Phone number _____	Email (required for Bulk records) _____
Physical address of business (Number and street, City, State, ZIP code) <u>130 Tweed Lane NW Bremerton WA 98312</u>			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) <u>Same</u>			
Provide one of these identifiers: _____	Taxpayer Identification Number (TIN) _____	Employer Identification Number (EIN) _____	WA Unified Business Identifier (UBI) <u>601 001 009</u>
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does). <div style="font-size: 1.5em; margin-top: 10px;">Used car sales</div>			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	_____ _____ _____

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To sell used cars, identity owner/title.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**3** Check all that apply☐ **I represent a government agency.** Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635****Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640***By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*2.2.16 *Wizap*  
Date and place (county) signedOwner  
Title  
*[Signature]*  
SignatureFederal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete this section)

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>2</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>3</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>4</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>5</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>6</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>7</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Domestic Profit Corporation

MY TOW, INC.  
OLYMPIC AUTO SALES  
130 TWEED LN STE 4  
BREMERTON WA 98312

TAX REGISTRATION

REGISTERED TRADE NAMES:  
OLYMPIC AUTO SALES

MOTOR VEHICLE DEALER #7117

Unified Business ID #: 601 001 069

Business ID #: 1

Location: 4

Expires: 12-31-2016

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*Vicki Smith*

Director, Department of Revenue



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input checked="" type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular	
PRINT or TYPE Company/Agency name <b>Skaigt Towing &amp; Recovery, LLC</b>	
Contract contact manager (IVIPS and Bulk records accounts) <b>Alicia E Olson</b>	
Signing Authority name (Bulk records accounts only) <b>Alicia E Olson</b>	
(Area code) Phone number <b>408-391-5854</b>	Email (required for Bulk records) <b>skaigt towing@gmail.com</b>
Physical address of business (Number and street, City, State, ZIP code) <b>1211 B McLean Rd Mount Vernon WA 98273</b>	
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) <b>1500 College Way Suite A #433 Mount Vernon WA 98273</b>	
Provide one of these identifiers: Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>603-559-1165-001</b>
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does) <b>Motor vehicle repossession &amp; recovery for financial companies</b>	
<b>3</b> Check all that apply to you and/or your business	
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input checked="" type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private
<input type="checkbox"/> Service bureau for another business Provide business name:  <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names:  <input type="checkbox"/> Other (explain)	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To verify information on a vehicle for the  
Sole purpose of recovering vehicle for  
contracted financial institutions.

5 Redisclosure and/or selling of Information

Will you sell or provide the information to anyone else? .....

☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

If vehicle is currently under order for  
repossession, contact will be made in person.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No



☐ I represent a government agency. Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ I am an attorney.\* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

1/22/2016 Skagit Co  
Date and place (county) signed

Title

☒ Signature

Allecia Olson - owner

Allecia E Olson

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

SKAGIT TOWING AND RECOVERY, LLC  
SKAGIT TOWING AND RECOVERY  
1211 MCLEAN RD # B  
MOUNT VERNON WA 98273-9297

002052

DETACH BEFORE POSTING



# BUSINESS LICENSE

STATE OF  
WASHINGTON

Domestic Limited Liability Company

SKAGIT TOWING AND RECOVERY, LLC  
SKAGIT TOWING AND RECOVERY  
1211 MCLEAN RD # B  
MOUNT VERNON WA 98273 9297

TAX REGISTRATION  
VEHICLE TRANSPORTER #7636

Unified Business ID #: 603 559 165  
Business ID #: 1  
Location: 1  
Expires: 12-31-2016

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*Vicki Smith*

Director, Department of Revenue

EXPIRATION DATE  
12-31-2016

EVERY, LLC  
9297  
7636

FOURTEEN

*Smith*  
nt of Revenue

OR YOUR WALLET

**SHIRLEY L. BLUHM**  
**ATTORNEY AT LAW, LLC**  
2620 RW Johnson Rd SW, Suite 200  
Tumwater, Washington 98512  
(360) 357-3900 Fax: (360) 357-5767  
bluhmlaw@comcast.net

**FACSIMILE COVER SHEET**

January 27, 2016

TO: DOL/DMV

FAX NUMBER: 570-7895

RE: Vehicle/Vessel Contract Application

PAGES (INCLUDING COVER SHEET): 6

COMMENTS:

vehicle/vessel contract app + business license + bar card

*NOTE: The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, please notify our office. Thank you.*



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to **Adobe Reader XI** or above) to: [vsdisclose@dol.wa.gov](mailto:vsdisclose@dol.wa.gov).

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/ vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
<b>PRINT or TYPE</b> Company/Agency name Shirley L. Bluhm, Attorney at Law			
<b>Contract contact/manager (IVIPS and Bulk records accounts)</b> Shirley Bluhm		<b>Signing Authority name (Bulk records accounts only)</b> _____	
(Area code) Phone number (360) 357-3900	Email (required for IVIPS and Bulk records) bluhmlaw@comcast.net	(Area code) Phone number _____	Email (required for Bulk records) _____
Physical address of business (Number and street, City, State, ZIP code) 2620 RW Johnson Rd SW, Ste 200, Tumwater, WA 98512			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) 2620 RW Johnson Rd SW, Ste 200, Tumwater, WA 98512			
Provide <b>one</b> of these identifiers: Taxpayer Identification Number (TIN) <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Employer Identification Number (EIN) _____	WA Unified Business Identifier (UBI) _____	
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does)  Personal injury law.			
<b>3</b> Check all that apply to you, and/or your business			
<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____

**4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.**

For service of legal process.

**5 Redisclosure and/or selling of information**Will you sell or provide the information to anyone else? ..... ☐ Sell ☒ Provide ☐ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

I will provide this information to the process server who will serve the defendant with a Summons and Complaint.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

I only provide information necessary to perfect service which in most cases is just the physical address.

How will you provide the information to recipients? Explain.

In person or via email.

**6 Owner contact**Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7 Answer the following**1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply☐ **I represent a government agency.** Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?..... ☐ Yes ☐ No☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☒ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

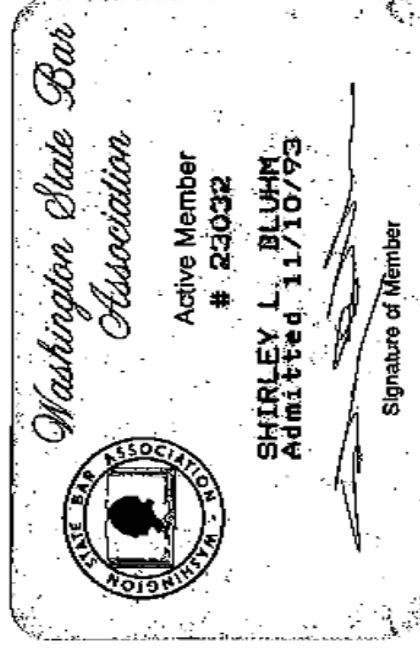
**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635****Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640***By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Shirley Blum  
Date and place (county) signed

Title

Attorney  
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93





STATE OF  
WASHINGTON

## BUSINESS LICENSE

Domestic Limited Liability Company

Unified Business ID #: 6062299-698

Business ID #

Location 1

Expires 05-23-2016

SHIRLEY L. BLUHM, ATTORNEY AT LAW, L.L.C.

2620 P.W. JOHNSON RD. SW STE 200

TUMWATER WA 98512

TAX REGISTRATION

INDUSTRIAL INSURANCE

UNEMPLOYMENT INSURANCE

BUSINESS LICENSES/REGISTRATIONS:

TUMWATER GENERAL BUSINESS

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit

This document has the restrictions, endorsements, and licenses tabulated to the business license. Any change in the business information, including the business name, address, or other information, must be reported to the Department of Licensing and the Department of Revenue, and the business will be required to pay the appropriate fee. The Department of Licensing will issue a new license if the business information changes.

*Shirley L. Blum*

Shirley L. Blum, Attorney at Law, L.L.C.





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Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

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### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

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<b>1 Method of access you are requesting</b> <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular		<b>PRINT or TYPE Company/Agency name</b> <div style="font-size: 1.2em; font-family: cursive;">Dave Smith Motors</div>	
<b>Contract contact/manager (IVIPS and Bulk records accounts)</b> <div style="font-size: 1.2em; font-family: cursive;">Casey Figueroa</div>		<b>Signing Authority name (Bulk records accounts only)</b> <div style="font-size: 1.2em; font-family: cursive;">Casey Figueroa</div>	
<b>(Area code) Phone number</b> 800-635-8000	<b>Email (required for IVIPS and Bulk records)</b> caseyfo@usautosales.com	<b>(Area code) Phone number</b> _____	<b>Email (required for Bulk records)</b> _____
<b>Physical address of business (Number and Street, City, State, ZIP code)</b> 210 N Division Kellogg ID 83837			
<b>Mailing address of business, if different (Address or PO Box-City, State, ZIP code)</b> _____			
<b>Provide one of these identifiers:</b> Taxpayer Identification Number (TIN) <span style="background-color: black; color: black;">[REDACTED]</span> OR Employer Identification Number (EIN) _____		<b>WA Unified Business Identifier (UBI)</b> _____	
<b>2 Provide a detailed explanation of your primary business activity (exactly what your business does).</b> <div style="font-size: 1.2em; font-family: cursive; text-align: center;">Auto industry - Sales</div>			
<b>3 Check all that apply to you and/or your business</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Attorney  <input type="checkbox"/> Auction  <input type="checkbox"/> Auto manufacturer or agent  <input type="checkbox"/> Bail bonds  <input type="checkbox"/> Bank or financing firm  <input type="checkbox"/> Business  <input type="checkbox"/> Commercial parking company  <input type="checkbox"/> Credit union  <input type="checkbox"/> Data broker/Reseller  <input type="checkbox"/> Debt recovery/Collection  <input type="checkbox"/> Employer/Prospective employer  <input type="checkbox"/> Government  <input type="checkbox"/> Guardianship/Trustee service  <input type="checkbox"/> Homeowner association  <input type="checkbox"/> Hospital  <input type="checkbox"/> Hulk hauler  <input type="checkbox"/> Insurance company/agent           </div> <div style="width: 50%;"> <input type="checkbox"/> Lien service  <input type="checkbox"/> Marina  <input type="checkbox"/> Neighborhood block watch  <input type="checkbox"/> Newspaper or media  <input type="checkbox"/> Non-profit organization  <input type="checkbox"/> Parking enforcement  <input type="checkbox"/> Private investigator  <input type="checkbox"/> Process server  <input type="checkbox"/> Property mgmt. - Government  <input type="checkbox"/> Property mgmt. - Private  <input type="checkbox"/> Repossession service  <input type="checkbox"/> Retail/Store  <input type="checkbox"/> School - Private  <input type="checkbox"/> School - Public  <input type="checkbox"/> Scrap processor or wrecker  <input type="checkbox"/> Security services - Government  <input type="checkbox"/> Security services - Private           </div> </div>		<input type="checkbox"/> Service bureau for another business Provide business name: _____ <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Storage facility  <input type="checkbox"/> Title/Escrow  <input type="checkbox"/> Toll facility  <input type="checkbox"/> Towing company  <input type="checkbox"/> Transporter  <input type="checkbox"/> Union (non-profit)  <input checked="" type="checkbox"/> Vehicle/Vessel dealer  <input type="checkbox"/> I represent a business that will provide information to another party          Provide business names: _____           </div> <div style="width: 50%;"> <input type="checkbox"/> Other (explain) _____           </div> </div>	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

to see how vehicles are registered & who legal owner is  
on record

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

I will contact them with the information we have in our ADP  
system about there trade in information

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No

2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No

3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**B** Check all that apply☐ **I represent a government agency.** Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☒ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635****Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640****By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

1-26-16, Shoshone (Kellogg ID) x *Shoshone*  
 Date and place (county) signed \_\_\_\_\_ Signature

*Title Dept Manager*  
 Title

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

ID3177 (Rev. 12-09)

Idaho Transportation Department  
**VEHICLE / VESSEL DEALER LICENSE**License Number: 0249-0  
Issue Date: 06-04-2015 Expiration Date: 06-30-2016  
Sales Tax Permit Number: 21924

Surety Company: COVERED BY ICAR

Bond Amount: \$0 Bond Number: 0

Owners/Officers: FORD, RICHARD ALLEN  
SMITH, KENNETH LYNN  
PANDOFF, WESLEY PETER  
RFJ, AUTO PRN NRTHN HLDS INC

DAVE SMITH MOTORS INC

**DBA**Dealership Name: DAVE SMITH MOTORS  
Dealership Location: 210 N DIVISION ST  
Mailing Address: 210 N DIVISION ST  
KELLOGG  
ID 83837-2306The dealer listed has met the requirements of  
Idaho Code Title 49, Chapter 16, and is authorized  
to engage in the business of selling or exchanging  
the following types of vehicles:RAM, CADILLAC, CHEVROLET, CHRYSLER, GMC  
DODGE, BUICK, JEEP,  
ANY USED VEHICLE OR VESSEL

PHONE/FAX: 208-784-1208 / 208-784-4571

**MUST BE POSTED IN PUBLIC VIEW**

**www.fda.gov**

**Bulk/batch: (360) 802-0133.**

redisclosure of personal information you receive.

五、

accessed. Government entities are exempt from the \$2 fee.

one-time set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<input checked="" type="checkbox"/> Multiple of access you are requesting <input type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular PRINT or TYPE Company/Agency name _____			
Contract contact manager (IVIPS and Bulk records accounts) <b>Mike Overell</b>		Signing Authority name (Bulk records accounts only) _____	
(Area code) Phone number <b>206-730-4641</b>	Email (required for IVIPS and Bulk records) <b>auto@overell.com</b>	(Area code) Phone number <b>206</b>	
Physical address of business (Number and street, City, State, ZIP code) <b>8810 NE 1st Ave, Seattle, WA 98111</b>		(Area code) Phone number <b>206</b>	
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) <b>PO Box 1304, Seattle, WA 98111</b>			
Provide one of these identifiers: Taxpayer Identification Number (TIN) _____	Employer Identification Number (EIN) _____	WA Unified Business Identifier (UBI) <b>W03-13-0040</b>	
2 Provide a detailed explanation of your primary business activity (exactly what your business does). <b>Used car dealership - wholesale dealerships</b>			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employee/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____	<input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____
<input type="checkbox"/> Other (explain) _____			



4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Need for trade in Verification - Lien holders -  
registered Owners Verification -

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? .....

☐ Sell

☐ Provide

☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? .....

☐ Yes

☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Unless they did not tell us if someone else was  
on the title when they traded it in to us.

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? .....
2. Do you agree not to use the information for any purpose other than reasons stated on this application? .....
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? .....

☒ Yes

☐ No

☒ Yes

☐ No

☒ Yes

☐ No

- [Contact Us](#)
- [Errors](#)
- [About us](#)
- [Home](#)
- [Start your business](#)
- [Changes or update your business information](#)
- [How to renew your license](#)

## Search Business Licenses

**License Information:**

Entity Name:

**FRONTLINE AUTO CENTRE INC**

## Buckingham's Native

**FRONTLINE AUTO CENTRE**

### **LICENSE TYPE:**

Washington State Business

### **Entity Types:**

### Profit Contribution

**UBT:**

Business ID:001 Location ID:0002

## Stetson

To check the status of this company, go to **Secretary of State and Department of Revenue**.

**Reynolds,**

**Location Address:**

8826 NE BOTHELL WAY  
BOTHELL, WA, 98011

**Mailing Address:**

PO BOX 1162  
BOTHELL, WA, 98041-1162

**Licenses Held at this location**

**Motor Vehicle Dealer (#7541)**

## View Point

### Activities

08/31/2018

03/01/2012

### Governing Principles:

**MICHAEL O'NEILL**

Information Current as of 01/15/2016 6:38AM Pacific Time

**New Search!**

is also limited to searching for businesses issued through the Washington State Business Licensing Service.

- [Contract Us](#)
- [Forms](#)
- [About Us](#)
- [Privacy](#)

2011 Washington State Department of Revenue and its licensors. All rights reserved.



☐ I represent a government agency. Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☐ I represent a Washington State business. Attach legible copies of:

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- any/all professional licenses that you possess

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- your current Private Investigator license
- your current business license

<sup>4</sup>Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place (county) signed

Title

Signature

1/22/16 Bethell WA

President

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93





## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to **Adobe Reader XI** or above) to: [vsdisclose@do1.wa.gov](mailto:vsdisclose@do1.wa.gov).

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name <b>BIG DAWG MOTORS</b>			
Contract contact/manager (IVIPS and Bulk records accounts) <b>Janeen Robertson</b>		Signing Authority name (Bulk records accounts only) _____	
(Area code) Phone number <b>425-3086019</b>	Email (required for IVIPS and Bulk records) <b>bigdawgmotors.jr@comcast.net</b>	(Area code) Phone number _____	Email (required for Bulk records) _____
Physical address of business (Number and street, City, State, ZIP code) <b>9901 Evergreen Way Everett WA 98204</b>			
Mailing address of business, if different (Address or P.O. Box, City, State, ZIP code) _____			
Provide one of these identifiers: _____	Taxpayer Identification Number (TIN) _____	Employer Identification Number (EIN) _____	WA Unified Business Identifier (UBI) <b>6003440875</b>
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does). <b>Used Auto Sales - we take in trades and purchase vehicles from Auctions to retail sell.</b>			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We need to verify that we have the correct title info on vehicles that we purchase and/or take in on trade

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

If we need to get their release of interest or other documents from them in order to sell the vehicle

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply

☐ **I represent a government agency.** Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
  - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
  - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

1/2/18  
Date and place (county) signed

Office Manager  
Title  
[Signature]  
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



STAFF OF THE  
HOLDINGS  
WARRINGTON

# BUSINESS LICENSE

Domestic Limited Liability Company

WELAIN MOTORS LTD.  
335 DAVIS MOTORS  
2901 EVERGREEN WAY  
EVERETT WA 98206-3831

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
MOTOR VEHICLE DEALER #8650

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

Unified Business ID #: 603 440 875  
Business ID #: 1  
Location: 1  
Expires: 03-31-2016

UNEMPLOYMENT INSURANCE

[illegible]

conducted in collaboration with the local health authorities and the community.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

1. *What is the purpose of the study?*  
 2. *What are the research questions or hypotheses?*  
 3. *What is the study design?*  
 4. *What are the participants and sample size?*  
 5. *What are the variables and measurements?*  
 6. *What are the results and conclusions?*  
 7. *What are the limitations and strengths?*  
 8. *What are the implications for practice and research?*  
 9. *What are the ethical considerations?*  
 10. *What are the key findings and takeaways?*

Victor E. Smith

# Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)  
**ivips@dol.wa.gov**  
Print and scan or upgrade to  
**Adobe Reader** XI or above)

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895

**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formsspd.html](http://dol.wa.gov/forms/formsspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>MEAD HIGH SCHOOL</b>		Website <b>MEAD354.ORG</b>	
Contact name. Primary applicant and contact manager <b>JEFF ROGERS</b>		(Area code) Telephone number <b>(509) 342-8531</b>	Email (required) <b>JEFF.ROGERS@MEAD354.ORG</b>
Contact name 2 (if applicable) <b>Teresa Laher</b>		(Area code) Telephone number <b>(509) 465-7010</b>	Email (required) <b>Teresa.Laher@MEAD354.ORG</b>
Physical address of business (number and street) <b>302 W HASTINGS RD.</b>			
City <b>SPOKANE</b>		State <b>WA</b>	ZIP code <b>99218</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) <b>6a</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <b>PUBLIC EDUCATION. RECORDS WILL BE USED TO IDENTIFY OWNERS OF VEHICLES PARKED ON CAMPUS.</b>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <b>THE OWNER WOULD BE CONTACTED IF THEIR VEHICLE IS PARKED IN A PROHIBITED AREA, OR BLOCKING OR IS NOT LEGALLY STANDING. THE INFORMATION WILL NOT BE SHARED OR DISCLOSED.</b>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** — Attach a legible copy of your current business license
- **Business outside Washington State** — Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** — Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

10/27/16 SPOKANE, WA

Date and place (county) signed

Jeff Rogers School Resource Deputy  
PRINT or TYPE name  
☒ Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

ATLANTIC AUTO INC  
CENTRALIA AUCTION  
1101 N PEARL ST  
CENTRALIA WA 98531-5037

DETACH BEFORE POSTING



STATE OF  
WASHINGTON  
Corporation

## BUSINESS LICENSE

Unified Business ID #: 603332582  
Business ID #: 001  
Location: 0001  
Expires: Sep 30, 2017

ATLANTIC AUTO INC  
CENTRALIA AUCTION  
1101 N PEARL ST  
CENTRALIA, WA 98531-5037

TAX REGISTRATION

MOTOR VEHICLE DEALER #7754

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*Wicki Smith*

Director, Department of Revenue





## Vehicle/Vessel On-line Access Contract Application-IVIPS

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**Email** (quickest)  
ivips@dol.wa.gov  
Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895

**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.  
Use the Vehicle or Boat Record Request forms located at [dot.wa.gov/forms/formsdpd.html](http://dot.wa.gov/forms/formsdpd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>CENTRALIA ACTION</b>		Website <b>CENTRALIA ACTION, COM</b>	
Contact name. Primary applicant and contract manager <b>PAUL HOLMES</b>		(Area code) Telephone number <b>360-292-2577</b>	Email (required) <b>ThebestACTIONonline@yahoo.</b>
Contact name 2 (if applicable) <b>NASSEN AL DOBBS</b>		(Area code) Telephone number <b>253-970-9797</b>	Email (required) <b>CENTRALIA ACTION@yahoo.</b>
Physical address of business (number and street) <b>1101 N. Pearl St</b>			
City <b>CENTRALIA</b>		State <b>WA</b>	ZIP code <b>98531</b>
Mailing address of business (if different)			
City			
Provide one of these identifiers Answer the following		Taxpayer Identification Number (TIN)	WA Unified Business Identifier (UBI)
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records) <b>AUTO ACTION VERIFY OWNERSHIP + BRANDS BEFORE OFFERING VEHICLES FOR SALE</b>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <b>NO WE WILL NOT DISCLOSE PRIVATE IN FORMATION</b>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/vipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** — Attach a legible copy of your current business license
- **Business outside Washington State** — Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** — Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

10-13-16 Lewis

Date and place (county) signed

Nasser Al-dobashi

PRINT or TYPE Name

☒

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 86.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for IVPS must complete and return this section)

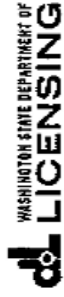
**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
  - Record all subscribers
  - Document the specific permissible use qualification for each subscriber
  - Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.
- Your contract and/or IVPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b> Legal business name PAUL R. HOLMES / CENTRALIA AUCTION	
Address, City, State, ZIP code 21726 Oregon Trail Rd SW CENTRALIA, WA. 98531	
Contact name Paul Holmes	Email Thebestbids@centraliaauction.com
Providing information (Area code) Telephone number 360-292-2577	
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Subscriber's permissible use Paul Holmes	
<b>2</b> Legal business name CENTRALIA AUCTION	
Address, City, State, ZIP code 1101 N Pearl St CENTRALIA WA. 98531	
Contact name Nathan Al Dobash	Email CENTRALIAAUCTION@YAHOO.COM
Providing information (Area code) Telephone number 253-970-9797	
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Subscriber's permissible use	
<b>3</b> Legal business name	
Address, City, State, ZIP code	
Contact name	(Area code) Telephone number
Email	
Providing information	
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subscriber's permissible use	
<b>4</b> Legal business name	
Address, City, State, ZIP code	
Contact name	(Area code) Telephone number
Email	
Providing information	
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subscriber's permissible use	

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the Internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

<b>Email (quickest)</b> lvips@dol.wa.gov	<b>Mail</b> Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507	<b>Fax</b> (360) 570-7895
<b>Print and scan or upgrade to Adobe Reader XI or above)</b>	<b>Phone</b> (360) 359-4001	

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

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If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>Clackamas River Towing and Auto Salvage LLC</b>		Website	
Contact name, Primary applicant and contract manager <b>Don Wilhite</b>	(Area code) Telephone number <b>(503) 572-7447</b>	Email (required) <b>clackamasrivertowing@gmail.com</b>	
Contact name 2 (if applicable) <b>Brittany Kovina</b>	(Area code) Telephone number <b>(503) 630-2094</b>	Email (required) <b>clackamasrivertowing@gmail.com</b>	
Physical address of business (number and street) <b>29850 SE Eagle Creek Rd</b>			
City <b>Estacada</b>	State <b>OR</b>	ZIP code <b>97023</b>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>000000000</b>	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Towing and impounding of Vehicles, need vehicle records to send certified letter to registered owner to inform of impoundment.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

*need vehicle record to send certified letter to  
owner informing them that we have their  
vehicle at our storage facility*

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/vlpsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

10/12/16 Clackamas County

Date and place (county) signed

Brittany Kozina

PRINT FULL NAME

*Brittany Kozina*

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

# DISMANTLER CERTIFICATE

## WR3465

**EFFECTIVE: JANUARY 1, 2016**

**EXPIRES: DECEMBER 31, 2018**

***Issued To:***

**CLACKAMAS RIVER TOWING AND AUTO SALVAGE LLC  
29850 SE EAGLE CREEK RD  
ESTACADA OR 97023**

*This business is authorized to engage in buying, selling, or dealing in vehicles for the purpose of dismantling in the state of Oregon under the provisions of ORS 822.110, and to exercise privileges granted by certificate under the provisions of ORS 822.125.*

*To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050.*

*Driver and Motor Vehicle Services  
Department of Transportation  
Salem OR 97314*

**\* ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE \***

## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)

ivips@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above)

**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>NW Auto Empvc</b>		Website	
Contact name, Primary applicant and contact manager	(Area code) Telephone number	Email (required)	<b>nwautoempvc@gmail.com</b>
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>27420 Pacific Hwy S</b>		State	ZIP code
<b>Federal Way</b>		<b>WA</b>	<b>98003</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide <b>one</b> of these identifiers		Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)
Answer the following		WA Unified Business Identifier (UBI)	
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <b>Vehicle Buy and Sell</b>		<b>603616898</b>	
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <b>NO</b>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** — Attach a legible copy of your current business license
- **Business outside Washington State** — Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** — Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

10/5/16 King  
Date and place (county) signed

PRINT NAME  
**X Office Manager**  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name <b>NW Auto Empire</b>		
	Address, City, State, ZIP code <b>27820 Pacific Hwy S Federal Way, WA 98003</b>		
	Contact name <b>Florencio Conicy</b>	Telephone number (Area code)	Email <b>nwautoempire@gmail.com</b>
	Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Subscriber's permissible use		
<b>2</b>	Legal business name		
	Address, City, State, ZIP code		
	Contact name	(Area code) Telephone number	Email
	Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Subscriber's permissible use		
<b>3</b>	Legal business name		
	Address, City, State, ZIP code		
	Contact name	(Area code) Telephone number	Email
	Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Subscriber's permissible use		
<b>4</b>	Legal business name		
	Address, City, State, ZIP code		
	Contact name	(Area code) Telephone number	Email
	Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Subscriber's permissible use		

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the Internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

Print and scan or upgrade to  
XI or above)

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <i>Westbay Marina</i>		Website	
Contact name, Primary applicant and contract manager <i>Neil Falkenburgh</i>	(Area code) Telephone number <i>360-943-7022</i>	Email (required) <i>westbaymarina@hotmail.com</i>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>2100 Westbay Drive</i>			
City <i>Olympia</i>	State <i>WA</i>	ZIP code <i>98502</i>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>601 441 503</i>

Answer the following  
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We are a marina & provide slip space for boats, for a monthly fee. We will use the information per  
*RCW 88.26.020 for boats abandoned at our docks to find the reg. owner legal owner / lien holder*

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.  
*RCW 88.26.020 to find reg. owner, legal owner / lien holder for boats abandoned at our docks*

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://forress.wa.gov/dol/vipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Date and place (county) signed 10/3/2016 Thurston

Kelly Benson  
PRINT or TYPE Name  
☒ Kelly Benson  
Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

## Subscriber Roster

### Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b> Legal business name Westbay Marina			
Address, City, State, ZIP code 2100 Westbay Dr. Olynia WA 98502			
Contact name Neil Falkenburg	(Area code) Telephone number 360-943-2022	Email westbaymarina@hotmail.com	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use As per RCW 98.26.020 to find reg. owner, legal owner/lienholder for boats abandoned at gunwale			
<b>2</b> Legal business name			
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>3</b> Legal business name			
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>4</b> Legal business name			
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF  
WASHINGTON

MASTER LICENSE SERVICE  
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400

## REGISTRATIONS AND LICENSES

Partnership

WEST BAY MARINA ASSOCIATES  
2100 WEST BAY DR  
OLYMPIA WA 98502

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

PARTNERS:  
JEROME BARUFFI  
~~EILEEN RIBARY~~

PETER B MANSFIELD

REGISTERED TRADE NAMES:  
WEST BAY MARINA ASSOCIATES

Unified Business ID #: 601 441 503  
Business ID #: 1  
Location: 1

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*Elizabeth A. Luce*  
Director, Department of Licensing



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **[vsdisclose@dol.wa.gov](mailto:vsdisclose@dol.wa.gov)**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

## Fees

**Fees**  
**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1 Method of access you are requesting</b> <input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name <b>Snelling Private Investigators and Information Specialists</b>			
Contract contact/manager (IVIPS and Bulk records accounts) <b>Kevin Garrett</b>		Signing Authority name (Bulk records accounts only) _____	
(Area code) Phone number <b>(503) 646-5101</b>	Email (required for IVIPS and Bulk records) <b>kevin@snellingpi.com</b>	(Area code) Phone number _____	Email (required for Bulk records) _____
Physical address of business (Number and street, City, State, ZIP code) <b>6400 NE Hwy 99 #G207, Vancouver, WA 98665</b>			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) <b>6400 NE Hwy 99 #G207, Vancouver, WA 98665</b>			
Provide one of these identifiers: Taxpayer Identification Number (TIN) <div style="background-color: black; color: white; padding: 2px;">60-0000000</div>	Employer Identification Number (EIN) _____	WA Unified Business Identifier (UBI) _____	
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does). Private Investigations. Worker's comp, insurance claims, locate for process of service, background checks, child custody, witness locates, etc.			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input checked="" type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	<input type="checkbox"/> Other (explain) _____

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To verify a current address. To verify registered vehicles a subject may be driving. To verify who is the registered owner of a vehicle.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☒ Provide ☐ No  
If no, skip to Section 6.

If yes, who will you provide or sell the information?

In rare cases the information will be provided to our client if they are an attorney. Otherwise it is for internal use.

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?  
By only using the information in connection with any civil, criminal, administrative, or arbitral proceeding in any Federal, State, or local court or agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a Federal, State, or local court.

How will you provide the information to recipients? Explain.

Courier.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

Only for service of process or witness locates.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply

☐ **I represent a government agency.** Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☒ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

9-27-2016; clark  
Date and place (county) signed

Title

**X** Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
<b>1</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>2</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>3</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>4</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>5</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>6</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>7</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.





State of Washington  
**DEPARTMENT OF LICENSING**  
**INVESTIGATOR PROGRAM**  
 P O Box 9649  
 Olympia, WA 98507

### ADDRESS SERVICE REQUESTED

PPU 1087

SNELLING PRIVATE INVESTIGATORS  
 DONNA L SNELLING  
 6400 NE HWY 99 #G207  
 VANCOUVER WA 98665

### STATE OF WASHINGTON UNARMED PRIVATE INVESTIGATOR

SNELLING PRIVATE INVESTIGATORS  
 KEVIN GARRETT  
 4001 MAIN ST #226  
 VANCOUVER WA 98663

3380 04/05/2017  
 License Number Expiration Date

*Pat Kohler*  
 Pat Kohler, Director

### STATE OF WASHINGTON UNARMED PRIVATE INVESTIGATOR PRINCIPAL

SNELLING PRIVATE INVESTIGATORS  
 DONNA L SNELLING  
 4001 MAIN ST #226  
 VANCOUVER WA 98663

3156 08/31/2017  
 License Number Expiration Date

*Pat Kohler*  
 Pat Kohler, Director

## STATE OF WASHINGTON

DEPARTMENT OF LICENSING – BUSINESS AND PROFESSIONS DIVISION

THIS CERTIFIES THAT THE PERSON OR BUSINESS NAMED BELOW IS AUTHORIZED AS A

UNARMED PRIVATE INVESTIGATOR  
 PRINCIPAL

SNELLING PRIVATE INVESTIGATORS  
 DONNA L SNELLING  
 4001 MAIN ST #226  
 VANCOUVER WA 98663

3156  
 License Number

08/21/2009  
 Issued Date

08/31/2017  
 Expiration Date

Licensee Released -

Termination Date \_/ \_/ \_

*Pat Kohler*  
 Pat Kohler, Director



**Vehicle/Vessel On-line Access  
Contract Application-IVIPS**

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the Internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

ivips@dol.wa.gov  
Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895  
**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formsdpd.html](http://dol.wa.gov/forms/formsdpd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict disclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>LKL Motors LLC</b>		Website <b>LKLmotors.com</b>	
Contact name, Primary applicant and contract manager <b>LIVIN Beleta</b>	(Area code) Telephone number <b>253-466-7222</b>	Email (required) <b>lklmotors@yahoo.com</b>	
Contact name 2 (if applicable) <b>Juile Revord</b>	(Area code) Telephone number <b>253-466-7222</b>	Email (required) <b>juile@lklmotors.com</b>	
Physical address of business (number and street) <b>4850 S. WASHINGTON STREET</b>			
City <b>TACOMA</b>	State <b>WA</b>	ZIP code <b>98409</b>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			<b>603570800</b>

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

**AUTO SALES - TO VERIFY OWNERSHIP, LEGAL AND REGISTERED**

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

**NO**

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/wipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/inactive bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

9/27/16  
Date and place (county) signed

Livia Belsky  
**X** PRINT or TYPE Name  
Signature of business or organization representative

Authorities:  
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087



# BUSINESS LICENSE

STATE OF  
WASHINGTON

Domestic Limited Liability Company

Unified Business ID #: 603 570 800  
Business ID #: 1  
Location: 1  
Expires: 03-31-2017

LKL MOTORS LLC  
LKL MOTORS  
4850 S WASHINGTON ST  
TACOMA WA 98409 2831


TAX REGISTRATION  
INDUSTRIAL INSURANCE  
MOTOR VEHICLE DEALER #7311

UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:  
Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:  
LKL MOTORS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

  
Director, Department of Revenue



# FAX

Date: 09/15/16  
Page 1 of: 2

**TO: Washington State Department of Licensing**

Name: To Whom It May Concern  
Fax number: 360-570-7895

**FROM: Northwest Rides**

Name: Erika Shaw  
Office Number: 360-813-3615  
Fax Number: 360-813-3945

**SUBJECT**

☐ Urgent ☐ Please Reply

Vehicle/Vessel on-line Access Contract Application-IVIPS

To Whom It May Concern,

Included is an application for IVIPS for our used car dealership, followed by a copy of our business license.

If you have any questions, please don't hesitate to contact us at 360-813-3516 or [northwestrides1@gmail.com](mailto:northwestrides1@gmail.com).

Thank you,  
Erika Shaw



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)  
**ivips@dol.wa.gov**  
Print and scan or upgrade to  
**Adobe Reader XI** or above)

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895  
**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>Northwest Rides Inc.</b>		Website <b>www.northwestrides.com</b>	
Contact name. Primary applicant and contract manager <b>Mark Meyer</b>	(Area code) Telephone number <b>360-813-3516</b>	Email (required) <b>northwestrides1@gmail.com</b>	
Contact name 2 (if applicable) <b>Erica Shaw</b>	(Area code) Telephone number <b>360-813-3944</b>	Email (required) <b>northwestrides1@gmail.com</b>	
Physical address of business (number and street) <b>4400 State Highway 16 W Bremerton</b>			
City <b>Bremerton</b>	State <b>WA</b>	ZIP code <b>98312</b>	
Mailing address of business (if different) <b>4404 State Highway 16 W Bremerton</b>			
City <b>Bremerton</b>	State <b>WA</b>	ZIP code <b>98312</b>	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			<b>608563385</b>

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). **AUTO SALES. WE WILL USE IVIPS TO CHECK TITLES FOR LIENS AND WHO THE REGISTERED OWNER IS.**

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

**Will not disclose or contact the owner.**

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** — Attach a legible copy of your current business license
- **Business outside Washington State** — Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** — Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

09/13/16 Kitsap County  
Date and place (county) signed

Marc Mayer  
PRINT or TYPE Name  
X Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information <b>Does the subscriber provide information to an attorney or private investigator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
<b>2</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information <b>Does the subscriber provide information to an attorney or private investigator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
<b>3</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information <b>Does the subscriber provide information to an attorney or private investigator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
<b>4</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information <b>Does the subscriber provide information to an attorney or private investigator?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF  
WASHINGTON

Unified Business ID #: 603503385

Corporation

Business ID #: 001

NORTHWEST RIDES INC.  
4060 STATE HIGHWAY 16 W  
BREMERTON, WA 98312-4934

Location: 0001

Expires: May 31, 2017

UNEMPLOYMENT INSURANCE  
TAX REGISTRATION

INDUSTRIAL INSURANCE  
MOTOR VEHICLE DEALER #8126

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email (quickest)**

**ivips@dol.wa.gov**  
Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**

(360) 570-7895

**Phone**

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>FRANKS FOREWAY AUTOS DBA AUBURN CAR CORNER</b>		Website <b>WWW.AUBURNCARCORNER.COM</b>	
Contact name, Primary applicant and contact manager <b>FRANK SCHMIDT</b>	(Area code) Telephone number <b>363-569-8851</b>	Email (required) <b>FRANKESCHMIDT@MSN.COM</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>2121 AUBURN WAY N</b>			
City <b>AUBURN</b>	State <b>WA</b>	ZIP code <b>98002</b>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			<b>602-435-135</b>

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

**BUY AND SELL USED CARS AND TRUCKS.  
VERIFY TITLE LIENS AND OWNERSHIP.**

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

**YES POSSIBLY TO PROVIDE LIEN RELEASES IF NEEDED. THE INFORMATION WILL NOT BE SHARED.**

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/vipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Date and place (county) signed

9-14-16 Link

PRINT or TYPE Name

X

Freddie Schmidt

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b> Legal business name FEARKE'S FOREWAY AUTOS LLC DBA AUBURN CAR CORNER			
Address, City, State, ZIP code 2121 AUBURN WAY N AUBURN WA 98002			
Contact name FRANK SUMMIT	(Area code) Telephone number 253-397-4662	Email FRANKSUMMIT@MSN.COM	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use <b>2</b> INFORMATION IS USED TO VERIFY TITLE LISTS FOR USED CARS & TRUCKS			
Legal business name			
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>3</b> Legal business name			
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			
<b>4</b> Legal business name			
Address, City, State, ZIP code			
Contact name	(Area code) Telephone number	Email	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

THERE IS AN IVIPS ACCOUNT UNDER THE  
NAME FRANKS FREEWAY AUTOS LLC DBA AUBURN  
DISCOUNT AUTO AT 4710 AUBURN WAY N  
AUBURN WA 98002. ALSO THE CONTACT IS MR  
FRANK SKAMMOT THIS ACCOUNT NEEDS TO BE  
CLOSED.

A handwritten signature, possibly reading "J. Skammot", written in black ink. The signature is stylized with a large loop at the beginning and a long horizontal stroke extending to the right.



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

<b>Email (quickest)</b> ivips@dol.wa.gov <b>Print and scan or upgrade to</b> Adobe Reader XI or above)	<b>Mail</b> Vehicle Records Disclosure Unit Department of Licensing PO Box 2957 Olympia, WA 98507
<b>Fax</b> (360) 570-7895	<b>Phone</b> (360) 359-4001

Do not use this form for personal or individual record requests.

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

<b>Company/Agency name</b> Hotwheels Inc		<b>Website</b> www.hotwheelsbusiness.com	
<b>Contact name. Primary applicant and contract manager</b> Den Reese		<b>(Area code) Telephone number</b> 360-984-1027	<b>Email (required)</b> DenReese@hotmail.com
<b>Contact name 2 (if applicable)</b>		<b>(Area code) Telephone number</b>	<b>Email (required)</b>
<b>Physical address of business (number and street)</b> 6919 NE HWY 99			
<b>City</b> Vancouver		<b>State</b> WA	<b>ZIP code</b> 98685
<b>Mailing address of business (if different)</b>			
<b>City</b>			
<b>Provide one of these identifiers</b>		<b>Taxpayer Identification Number (TIN)</b>	<b>Employer Identification Number (EIN)</b>
<b>Answer the following</b>		<b>WA Unified Business Identifier (UBI)</b> 603499997	

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

Hotwheels is a used car store that does its own in house financing. Hotwheels also takes in trades to ensure we are dealing with the legal owners.

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

will only contact previous owner in the event of lost title Application.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

IVIPS record fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- Washington State business — Attach a legible copy of your current business license
- Business outside Washington State — Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- Non-profit organization or corporation — Attach a legible copy of one of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- Attorney — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- Private investigator — Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

8/29/2016  
Date and place (county) signed

PRINT or TYPE Name

Signature of business or organization representative

#### Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640, RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b> Legal business name		
Hot Wheel LLC		
Address, City, State, ZIP code		
60919 NE HWY 99 Vancouver WA 98665		
Contact name	(Area code) Telephone number	Email
Tabby Langenbecker	360 984-6079	
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		
<b>2</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		
<b>3</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		
<b>4</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF  
WASHINGTON

## BUSINESS LICENSE

Domestic Limited Liability Company

HOT WHEELS, LLC

HOT WHEELS

6919 NE HIGHWAY 99

VANCOUVER WA 98665 0519

Unified Business ID #: 603 499 997

Business ID #: 1

Location: 1

Expires: 08-31-2016

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
MOTOR VEHICLE DEALER #0966

UNEMPLOYMENT INSURANCE

## LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the requirements, endorsements, and licenses authorized for the business named above. By accepting this document, the business certifies the information on the application was complete, true, and correct as to the best of its knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

# FAX

## FROM

ALLROAD TOWING  
ALLROAD TOWING  
PO Box 33743  
98133  
WA 98133

**Phone** (206) 838-7400 \* 101  
**Fax Number** (855) 331-6480

**DATE** 08/29/2016

## NOTE

## TO

**Phone**  
**Fax Number** +13605707895

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

When a customer brings in a car to trade, I will  
need to confirm that he/she owns the car and there are  
no liens etc. on the title.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

8 Check all that apply

☐ I represent a government agency. Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No☒ I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
  - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
  - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ I am an attorney.\* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

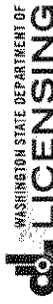
8-28-16 King  
Date and place (county) signed

Title

X

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
<b>PRINT or TYPE Company/Agency name</b> <i>Carland Auto Sales</i>		<b>Signing Authority name (Bulk records accounts only)</b> <i>Ibrahim Indeh</i>	
<b>Contract contact manager (IVIPS and Bulk records accounts)</b> <i>Ibrahim Indeh</i>	<b>(Area code) Phone number</b> <i>206 440 1185</i>	<b>Phone number</b> <i>206 440 1185</i>	<b>Email (required for Bulk records)</b> <i>Carland@533olive.com</i>
<b>Physical address of business (Number and street, City, State, ZIP code)</b> <i>751 S Michigan St. Seattle, WA 98108</i>			
<b>Mailing address of business, if different (Address or PO Box, City, State, ZIP code)</b> <i>P.O. BOX 33743 Seattle WA 98133</i>			
<b>Provide one of these identifiers:</b> <b>1</b> Taxpayer Identification Number (TIN) _____	<b>Employer Identification Number (EIN)</b> <i>WA Unified Business Identifier (UBI)</i> <i>602 844 402</i>		
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does) <i>Vehicle Dealer. Buys and sells cars and trucks</i>			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input checked="" type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)  
ivips@dol.wa.gov  
Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895  
**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>Vancouver Auction Outlet</b>		Website —	
Contact name, Primary applicant and contract manager <b>Matthew Austin</b>	(Area code) Telephone number <b>360-560-9316</b>	Email (required) <b>Austin2ME@vancouver</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>9408 NE HWY 99</b>			
City <b>Vancouver</b>	State <b>WA</b>	ZIP code <b>98105</b>	
Mailing address of business (if different) <b>8022 NE HWY 99 SEB4</b>			
City <b>Vancouver</b>	State <b>WA</b>	ZIP code <b>98105</b>	
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <b>Vancouver Auction Outlet is a used car store, that does its own in house financing. Also takes in trades to ensure we are dealing with the lessees.</b>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <b>Will only contact previous owner in the event of lost title Application.</b>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

8/29/2016  
Date and place (county) signed

  
PRINTED NAME

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b> Legal business name		
Vancouver Auction Outlet Inc		
Address, City, State, ZIP code		
4108 NE HWY 99 Vancouver WA 98665		
Contact name	(Area code) Telephone number	Email
Wade Barber	360-566-9316	WadeBarber@gmail.com
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		
Subscriber's permissible use		
<b>2</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		
<b>3</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		
<b>4</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Subscriber's permissible use		

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.





STATE OF  
WASHINGTON

Corporation

VANCOUVER AUCTION OUTLET, INC.  
9408 NE HWY 99  
VANCOUVER, WA 98665

## BUSINESS LICENSE

Unified Business ID #: 602614110  
Business ID #: 001  
Location: 0001

Expires: Jul 31, 2017

TAX REGISTRATION

MOTOR VEHICLE DEALER #0316

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

A handwritten signature in black ink, appearing to read "T. L. Smith".

Director, Department of Revenue

JB1: 602614110 001 0001

/VANCOUVER AUCTION OUTLET,  
NC.  
9408 NE HWY 99  
/VANCOUVER, WA 98665

STATE OF WASHINGTON

TAX REGISTRATION  
MOTOR VEHICLE DEALER #0316

Expires: Jul 31, 2017

# FAX COVER SHEET

DATE: 8/29/16  
TO: DOL *Notley*  
FROM: Northwest Chevrolet of Bellingham  
# OF PAGES: 6  
PHONE: 360-733-7997  
FAX#: 360 570 7895  
MESSAGE:

**NORTHWEST CHEVROLET OF  
BELLINGHAM**

3891 NORTHWEST AVE, BELLINGHAM, WA 98226

FAX: (360) 733-3954 PHONE: (360) 733-7997



# Fax Alert

Date/Time: Friday, August 26, 2016 2:14:06 PM

No. of pages: 05  
(including cover sheet)

TO: Customer  
Company:  
Fax: 3607333954  
Phone:

From: DOL Internet Vehicle/Vessel Information Processing  
Fax Number: (360) 570-7895 Voice Phone: (360) 359-4001

---

## NOTES:

Hello I spoke to someone a couple of weeks ago regarding this application. Sorry but I didn't get their name. The application is incomplete. On the first page below company name we need the contract managers name and email address. Also section 4 needs to be completed. As of today I have not received anything back so that's why I am sending this fax. Thank you.

Susan  
Dept of Licensing  
Public Disclosure  
360-359-4007

---



**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

*We are a car dealership and only use to  
Verify leinholder & customer name on  
some titles*

**5** Redisclosure and/or selling of Information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply☐ **I represent a government agency.** Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?.....☐ Yes ☐ No☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private Investigator accesses a vehicle record in IVPS, we will send a notification letter to the vehicle owner. RCW 46.12.635****Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640****By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**8/24/16 Whatecom

Date and place (county) signed

H. President

Title

**X**

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

Domestic Profit Corporation

Unified Business ID #: 603 559 061

Business ID #: 1

Location: 1

Expires: 04-30-2017

GROVER CORTES AUTO GROUP, INC.  
NORTHWEST CHEVROLET BUICK GMC CADILLAC OF BELLINGHAM  
3891 NORTHWEST AVE  
BELLINGHAM WA 98226 9046

UNEMPLOYMENT INSURANCE

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
MOTOR VEHICLE DEALER #1354

CITY LICENSES/REGISTRATIONS:  
BELLINGHAM GENERAL BUSINESS

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

BELLINGHAM BUICK  
BELLINGHAM CADILLAC  
BELLINGHAM CHEVROLET  
BELLINGHAM CHEVROLET BUICK GMC CADILLAC  
BELLINGHAM GMC  
NORTHWEST BUICK  
NORTHWEST CADILLAC  
NORTHWEST CHEVROLET  
NORTHWEST CHEVROLET BUICK GMC CADILLAC  
NORTHWEST GMC

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

*W. L. Smith*



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

### Email (quickest)

**ivips@dol.wa.gov**  
Print and scan or upgrade to  
Adobe Reader XI or above)

### Mail

Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

### Fax

(360) 570-7895

### Phone

(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>HARVEY'S AUTO SERVICE INC</b>		Website <b>HARVEYSAUTO@HOTMAIL.COM</b>	
Contact name, Primary applicant and contract manager <b>CHRIS ANDERSON</b>	(Area code) Telephone number <b>(206) 368-0980</b>	Email (required) <b>GOLDMOUNTAINCHRIS@YAHOO</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>14501 15th AVE NE</b>			
City <b>SHORELINE</b>	State <b>WASHINGTON</b>	ZIP code <b>98155</b>	
Mailing address of business (if different) <b>SAME</b>			
City	State	ZIP code	
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following			<b>603502872</b>

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

WE ARE IN THE AUTOMOTIVE REPAIR INDUSTRY, AND FROM TIME TO TIME WE HAVE VEHICLES DROPPED FOR REPAIR OR AUTHORIZED TO REPAIR THEN NOT PICKED UP BY OWNERS, OR REGISTERED OWNERS. WHEN ATTEMPTING TO CONTACT FOR PAYMENT OR REMOVAL INFORMATION GIVEN OR REGISTRATION IN VEHICLES DO NOT HAVE CURRENT ADDRESSES OR CURRENT OWNERS INFORMATION. WHICH LEAVES US HOLDING VEHICLES FOR NONE PAYMENT

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. HARVEY'S AUTO WILL BE CONTACTING OWNER TO RETRIEVE OUR INTEREST IN VEHICLE FROM REPAIR OF VEHICLE AND STORAGE OF SAID VEHICLE OR TO RETRIEVE TITLE, OR INFORMATION FOR TITLING THROUGH LEIN PROCESS TO REMOVE OR SALE SAID VEHICLE



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** — Attach a legible copy of your current business license
- **Business outside Washington State** — Attach a legible copy of one of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** — Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

08/25/16 KING COUNTY

Date and place (county) signed

HARVEY'S AUTO SERVICE / CHRIS ANDERSON MGR

PRINT or TYPE Name

**X**

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
 Washington Administrative Code (WAC) 308-10-075, 308-93-087



# BUSINESS LICENSE

STATE OF  
WASHINGTON

Domestic Limited Liability Company

HUYNH TRUONG, LLC  
HARVEYS AUTO  
14501 15TH AVE NE  
SHORELINE WA 98155 7121

Unified Business ID #: 603 502 872  
Business ID #: 1  
Location: 1  
Expires: 05-31-2016

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:  
SHORELINE GENERAL BUSINESS

LICENSING RESTRICTIONS:  
Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:  
HARVEYS AUTO

# Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)  
ivips@dol.wa.gov  
Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895  
**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>D.O.C.N.S.LLC DBA CHRYSLER DODGE JEEP RAM OF SEATTLE</b>		Website <b>CDJROFSEATTLE</b>	
Contact name, Primary applicant and contract manager <b>Heather McVey</b>		(Area code) Telephone number <b>(206) 365-3530</b>	Email (required) <b>hmcvey@chryslerhyundaiseattle.com</b>
Contact name 2 (if applicable) <b>Brett Solomon</b>		(Area code) Telephone number <b>(206) 365-3530</b>	Email (required) <b>bsolomon@chryslerhyundaiseattle.co</b>
Physical address of business (number and street) <b>13733 AURORA AVE N</b>			
City <b>SEATTLE</b>		State <b>WA</b>	ZIP code <b>98133</b>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers Answer the following	Taxpayer Identification Number (TIN) <b>000000000</b>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <b>603581799</b>
Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <b>AUTOMOTIVE DEALERSHIP TO VERIFY REGISTERED AND LEGAL OWNERS INFORMATION ON TRADED IN, LEFT IN SERVICE OR ABANDONED ON OUR PROPERTY</b>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <b>WE WILL ONLY CONTACT THE OWNER IF NEEDED TO COMPLETE BUSINESS WITH US OR REQUEST REMOVAL OF AN ABANDONED VEHICLE.</b>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filled with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

8-27-16 Seattle - King  
Date and place (county) signed

HEATHER MCVEY CONTROLLER

PRINT or TYPE Name

X

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087

**Subscriber Roster** (Data brokers/resellers applying for IVIPS must complete and return this section)

**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
  - Record all subscribers
  - Document the specific permissible use qualification for each subscriber
  - Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.
- Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster. In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b> Legal business name D.O.C.N.S. LLC CHRYSLER DODGE JEEP RAM OF SEATTLE			
Address, City, State, ZIP code 13733 AURORA AVE N SEATTLE WA 98133			
Contact name HEATHER MCVEY	(Area code) Telephone number (206) 365-3530	Email hmcvey@chryslerhyundaioseattle.com	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use Used to verify legal and registered owners			
<b>2</b> Legal business name D.O.C.N.S. LLC CHRYSLER DODGE JEEP RAM OF SEATTLE			
Address, City, State, ZIP code 13733 AURORA AVE N SEATTLE WA 98133			
Contact name Jason Longacre	(Area code) Telephone number (206) 365-3530	Email jlongacre@chryslerhyundaioseattle.com	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Subscriber's permissible use Used to verify legal and registered owners			
<b>3</b> Legal business name D.O.C.N.S. LLC CHRYSLER DODGE JEEP RAM OF SEATTLE			
Address, City, State, ZIP code 13733 AURORA AVE N SEATTLE WA 98133			
Contact name Scott Corn	(Area code) Telephone number (206) 365-3530	Email scorn@chryslerhyundaioseattle.com	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use Used to verify legal and registered owners			
<b>4</b> Legal business name D.O.C.N.S. LLC CHRYSLER DODGE JEEP RAM OF SEATTLE			
Address, City, State, ZIP code 13733 AURORA AVE N SEATTLE WA 98133			
Contact name Thomas Thorndike	(Area code) Telephone number (206) 365-3530	Email tthorndike@chryslerhyundaioseattle.com	
Providing information Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Subscriber's permissible use Used to verify legal and registered owners			

**Use additional copies of this page, if needed.** You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

3712 NE 66<sup>TH</sup> AVE VANCOUVER, WA 98661

TO: IVIPS FROM: Rose  
FAX: \_\_\_\_\_ DATE 8-19-16  
RE: \_\_\_\_\_ CC: \_\_\_\_\_

---

Please process IVIPS acct  
for alan webb chevrolet

any questions 360 574-1131

EXT 213

I thank you

Rose Hensel

Title Clerk

STATE OF  
WASHINGTON

# BUSINESS LICENSE

Domestic Profit Corporation

A & D AUTO SALES, INC.  
ALAN WEBB CHEVROLET  
3712 NE 66TH AVE  
VANCOUVER WA 98661 7245Unified Business ID #: 600 615 509  
Business ID #: 1  
Location: 3  
Expires: 12-31-2016

TAX REGISTRATION

REGISTERED TRADE NAMES:  
ALAN WEBB CHEVROLET

MOTOR VEHICLE DEALER SUB #2986

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application is complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



## Vehicle/Vessel On-line Access Contract Application-IVIPS

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Print and scan or upgrade to  
Adobe Reader XI or above)

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If you currently have an IVIPS number, enter it here \_\_\_\_\_

Company/Agency name <b>A &amp; D AUTO SALES ALAN WEBB CHEVROLET</b>				Website	
Contact name, Primary applicant and contact manager <b>ROSE HENRY</b>		(Area code) Telephone number <b>(360) 574-1131</b>	Email (required) <b>roseh@alanwebbautogroup.com</b>		
Contact name 2 (if applicable)		(Area code) Telephone number	Email (required)		
Physical address of business (number and street) <b>3712 NE 66th AVE</b>					
City <b>Vancouver</b>		State <b>WA</b>	ZIP code <b>98661</b>		
Mailing address of business (if different)					
City					
Provide one of these identifiers		Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)	
Answer the following				600615509	

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

**MOTOR VEHICLE DEALER TO GET INFORMATION WHEN A TRADE IN CUSTOMER HAS A LOST TITLE  
SEE IF ANY BRANDS AND IF THERE IS A LIEN HOLDER**

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.  
**WE WOULD ONLY CONTACT THE OWNER VIA OF MAIL SENDING DOCUMENTS THAT NEEDS  
ADDRESSED AND PROVIDE A CALL BACK PHONE NUMBER. WILL NOT DISCLOSE INFORMATION TO  
ANY OUTSIDE AGENCY OR PERSONS.**



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

8/19/2016

Date and place (county) signed

ROSE HENRY

PRINT or TYPE Name



Signature of business or organization representative

**Authorities:**

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Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640, RCW 88.02  
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- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the "Subscriber's permissible use" box, provide a specific description of why the subscriber needs access to personal information. For example, "Information is used in the processing of insurance claims investigations." A vague answer, such as, "Check who owns the vehicle," is unacceptable.

<b>1</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
<b>2</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
<b>3</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		
<b>4</b> Legal business name		
Address, City, State, ZIP code		
Contact name	(Area code) Telephone number	Email
Providing information		
Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subscriber's permissible use		

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

**LAW OFFICES OF GREG S. MEMOVICH, PLLC**  
**9301 LINDER WAY NW, SUITE 201**  
**SILVERDALE, WA 98383**

TELEPHONE: (360) 692-1347

FAX: (360) 692-3893

---

**FACSIMILE TRANSMISSION**

---

**DATE:** August 15, 2016

**TO:** DOL - IVIPS

**FAX No.:** (360) 570-7895

**FROM:** Greg S. Memovich

**RE:** IVIPS Contract

**DOCUMENTS:** IVIPS Contract Application & copy of Washington State Bar Card

**ORIGINAL/COPY TO FOLLOW BY MAIL:** no

**NUMBER OF PAGES (including cover sheet):** 4

---

**MESSAGE:** My old IVIPS Contract expired in 2010 and need to ascertain the legal owner of a car involved in a car crash.

---

**PRIVILEGED AND CONFIDENTIAL**

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THE INFORMATION IN THIS FAX MESSAGE IS PRIVILEGED AND CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE RECIPIENT NAMED ABOVE (OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT). IF YOU RECEIVED THIS FAX IN ERROR, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US BY TELEPHONE IMMEDIATELY AT (360) 692-1347 AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA U.S. MAIL. YOU WILL BE REIMBURSED FOR THE COST OF POSTAGE. THANK YOU.



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

<b>Email</b> (quickest)	<b>Mail</b>	<b>Fax</b>
ivips@dol.wa.gov	Vehicle Records Disclosure Unit	(360) 570-7895
Print and scan or upgrade to	Department of Licensing	
<b>Adobe Reader</b> XI or above)	PO Box 2957	<b>Phone</b>
	Olympia, WA 98507	(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here Spined

Company/Agency name <b>Law Offices of Greg S. Memovich, PLLC</b>		Website	
Contact name. Primary applicant and contract manager <b>Greg S. Memovich</b>	(Area code) Telephone number <b>(360) 692-1347</b>	Email (required) <b>greg@injurylawkitsap.com</b>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <b>9301 Linder Way NW, Suite 201</b>			
City <b>Silverdale</b>	State <b>WA</b>	ZIP code <b>98383</b>	
Mailing address of business (if different)			
City	State	ZIP code	
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
			<b>602 681 450</b>

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

I am a lawyer. Often I need to ascertain the legal owner of a vehicle involved in a motor vehicle collision

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

I am an attorney. Depending on the circumstances of each situation I might contact the owner. In the current situation I am working on, I might end up suing the owner because the vehicle was being driven by a 16 year old when he caused a crash causing severe injuries to my client. It is not clear from the police reports who the legal owner of the vehicle was on the date of the car crash.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the state seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at the DOL website: <https://fortress.wa.gov/dol/ivipsprod/ContractForms.aspx>.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties — RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

**IVIPS record fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

**Submit the following documentation with your application:**

- **Washington State business** — Attach a legible copy of your current business license
- **Business outside Washington State** — Attach a legible copy of **one** of the following:
  - Your current business license or
  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** — Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** — Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** — Attach a legible copy of your current private investigator license.

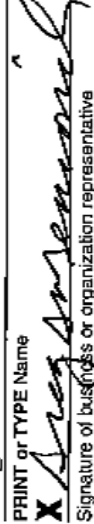
*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

August 15, 2016

Date and place (county) signed

Greg S. Memovich

PRINT or TYPE Name

**X**  Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
Washington Administrative Code (WAC) 308-10-075, 308-93-087


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## Greg Stephen Memovich

**WSBA Number:** 13588  
**Admit Date:** 10/27/1993  
**Member Status:** Active  
**Public/Mailing Address:** 8301 Linder Way NW Ste 201  
 Silverdale, WA 98383-8368  
 United States  
**Phone:** (360) 692-1347  
**Fax:** (360) 692-3883  
**TDD:**  
**Email:** [greg@injurylawllcsp.com](mailto:greg@injurylawllcsp.com)  
**Website:** [www.injurylawllcsp.com](http://www.injurylawllcsp.com)

### Contact Member

Contact this member via email.

*Bar card*

### Practice Information

**Firm or Employer:** None Specified  
**Firm Size:** Solo in Shared Office or Suite  
**Practice Areas:** Personal Injury  
**Other Languages Spoken:** None Specified

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### Liability Insurance

**Private Practice:** Yes  
**Has Insurance?** Yes - [Click for more info](#)  
**Last Updated:** 01/25/2016

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### Committees

**Member of these committees/boards/panels:**  
 None

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### Disciplinary History

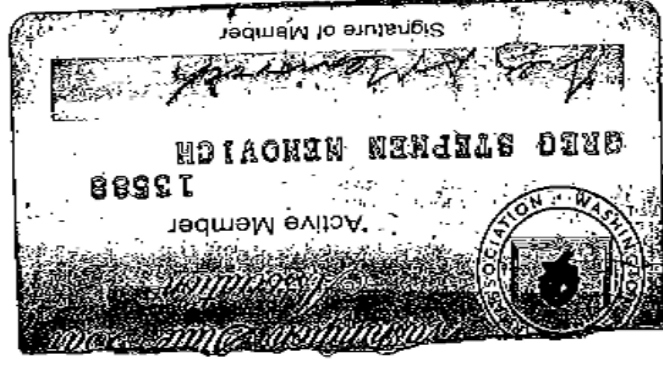
No Public Disciplinary History

Only active members of the Washington State Bar Association, and others as authorized by law, may practice law in Washington.

The discipline search function may or may not reveal all disciplinary action relating to a lawyer. The discipline information accessed is a summary and not the official decision in the case. For more complete information, call 206-727-8207.

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## **FAX SHEET**

**AutoDataDirect, Inc.**

1379 Cross Creek Circle  
Tallahassee, FL 32301-3729

**P:** 850.877.8804

**F:** 850.877.5910

[www.add123.com](http://www.add123.com)

### **PERSONAL & CONFIDENTIAL**

**TO:** Susan Mitchell, Vehicle Record Disclosure Unit

**DATE:** 8/9/2016

**FROM:** George Armstrong, State Contracts Administrator

**FAX:** (360)-570-7895

**RE:** Auto Data Direct's IVIPS Renewal Application

**Pages:** 13

---

Susan,

Please find included Auto Data Direct's application for renewal of the IVIPS contract application.

Vehicle/Vessel On-line Access Contract Application  
Attachment – Attorney Private Investigator Disclosure  
Attachment – Subscriber Roster  
Business License  
Authorized Representative letter

If something is needed in addition please contract me and thank you for your attention to our application

George



## Vehicle/Vessel On-line Access Contract Application-IVIPS

Use this form to apply for access to the Internet Vehicle/Vessel Information Processing System (IVIPS). Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

**Email** (quickest)  
ivips@dol.wa.gov  
Print and scan or upgrade to  
Adobe Reader XI or above)

**Mail**  
Vehicle Records Disclosure Unit  
Department of Licensing  
PO Box 2957  
Olympia, WA 98507

**Fax**  
(360) 570-7895  
**Phone**  
(360) 359-4001

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at [dol.wa.gov/forms/formspd.html](http://dol.wa.gov/forms/formspd.html)

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information or contact owners as permitted by law. There is no guarantee your request will be approved. See authorities at the bottom of page 2 of this application.

If you currently have an IVIPS number, enter it here 13a

Company/Agency name <b>Auto Data Direct, Inc</b>		Website <b>www.add123.com</b>	
Contact name. Primary applicant and contract manager <b>George Armstrong</b>	(Area code) Telephone number <b>(850) 877-8804</b>	Email (required) <b>garmstrong@add123.com</b>	
Contact name 2 (if applicable) <b>Jennifer Svendsen</b>	(Area code) Telephone number <b>(850) 877-8804</b>	Email (required) <b>jsvendsen@add123.com</b>	
Physical address of business (number and street) <b>1379 Cross Creek Circle</b>			
City <b>Tallahassee</b>	State <b>Florida</b>	ZIP code <b>32301-3729</b>	
Mailing address of business (if different) <b>same as above</b>			
City	State	ZIP code	
Provide <b>one</b> of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <b>6a</b>	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).  Auto Data Direct business model is to serve as a contractor/agent to provide motor vehicle records only to allowable entities under the provisions of the Federal Driver Privacy Protection Act and state statute for the sole purpose to complete business transactions, preventing fraudulent activities, and pursuing legal remedies			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.  <b>SEE ATTACHED</b>			



You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners — RCW 46.12.635(1)(c).

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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  - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
  - Your Articles of Incorporation, filed with the Secretary of State or
  - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

8/8/2016 Leon County

Date and place (county) signed

George Armstrong

PRINT or TYPE Name

**X** *George Armstrong*

Signature of business or organization representative

**Authorities:**

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725  
 Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02  
 Washington Administrative Code (WAC) 308-10-075, 308-93-087

## Attachment

## Registration Record Information Attorney/ Private Investigator

When an ADD subscriber makes an Inquiry to the IVIPS they are required to check one of two boxes:

1. I will not share this record with an attorney or private investigator.
2. I will share this record with an attorney or private investigator and understand that a notice of disclosure will be mailed to the registered owner per Washington state law.

If box #1 is selected, the record produced will contain language stating that this record may never be disclosed to an attorney or private investigator.

*In accordance with Washington RCW46.12.635, this record may not be disclosed to an attorney or private investigator. If a copy of this record needs to be disclosed to an attorney or private investigator, a new copy of the record must be retrieved from ADD with the indication that the record will be shared with an attorney or private investigator.*

If box #2 is selected; the subscriber must indicate the name and profession (attorney or private investigator to which the record will be disclosed. Upon successful retrieval of the Washington Record, ADD will automatically send a first class letter with certificate of mailing to the registered owner indicated on the record by using ADD's DirectPost-Office service . ADD will maintain a copy of the letter for six years

Company	Contact User	Phone	Email	Address
ALTERNATIVE AUTOMOTIVE SOLUTIONS	JUSTIN DIAMENT	818-585-5251	ALTERNATIVEAUTO1@GMAIL.COM	9944 GLENOAKS BLVD
AMERICA CAN CARS FOR KIDS	JENNIFER LYNN KITCHENS	972-274-5437x2812	JKITCHENS@CARSFORKIDS.ORG	7100 MARVIN D LOVE FWY
AMERICA ONE AUTO RECOVERY	ROLAND MAKSOUD	951-280-9800	INSURANCE@ALLINAUTOS.COM	938 HAMNER AVE
ANDES MOTORS INC	ANGELICA CONTRERAS	909-877-5151	ANGELICACONTRERAS86@YAHOO.COM	18347 VALLEY BLVD
AUTOS ANYTIME, LLC	ARNOLD BRAUN III	404-989-0238	ARNIE.BRAUN@AMERIFLEET.COM	12600 DEERFIELD PKWY STE 100
BANK OF AMERICA - PAID OUTS	JENNIFER SIZEMORE	336-805-2266	JENNIFER.M.SIZEMORE@RECONTRUSTCO.COM	PO BOX 23500
BARNETT HARLEY-DAVIDSON	SANDY WILBURN	915-592-5804x119	SWILBURN@BARNETTTHARLEY.COM	8272 GATEWAY BLVD E
BCL EQUIPMENT LEASING	CONOR PENNELL	224-205-7278	CPENNELL@BARNETTCAPITAL.COM	450 SKOKIE BLVD STE 604
BMW FINANCIAL SERVICES NA, LLC	ADAM STOUT	800-578-5000x3134	ADAM.STOUT@BMWFS.COM	5550 BRITTON PKWY
BRICO, LLC	ANTHONY MAIDA	561-797-2400	gaga@yahoo.com	1500 BELVEDERE RD
BURKINS CHEVROLET LLC	HELEN M MCCRANDALL	904-259-6117	HELEN@BURKINSCHEVY.COM	273 E MACCLENNY AVE
CAPITAL ONE AUTO FINANCE	PATRICIA WALKER	800-227-3863x2653	PATRICIA.WALKER@CAPITALONE.COM	7933 PRESTON RD
CAR FINANCE CAPITAL	CONNIE KIRK	972-893-6006	CONNIE.KIRK@CARFINANCE.COM	7525 IRVINE CENTER DR STE 250
CHASE MANHATTAN BANK	DOREEN S WILLIAMS	817-399-6859	DOREEN.S.WILLIAMS@CHASE.COM	14800 FRYE RD
CITI MOTORS INC	DANIEL DORCELY	240-241-1015	tagstileservice@hotmail.com	1807 DORSEY RD STE C
CLAYTON & SONS OF DEBARY FLORIDA INC	RODNEY BEAULIEU	386-668-8173	CLAYTONSONS@BELLSOUTH.NET	761 S HIGHWAY 17 92
COMMUNITY CREDIT UNION OF FLORIDA	MICHEL R ALEXANDER	321-690-2328x3110	ALEXANDERM@CCUFLORIDA.ORG	1030 S US HIGHWAY 1
DAYTONA WHOLESALE MOTORCYCLES	CHRISTIE STEELE	386-562-3110	CHRISTIESTEELE@DAYTONAWHOLESALE.COM	700 RIDGEWOOD AVE
DECISION DYNAMICS, INC.	ANN GUNNING	803-808-0117	ANN.GUNNING@DDITECHNOLOGY.COM	1324 N LAKE DR
DIRECT ADJUSTING COMPANY	VINCENT ESTRADA	615-366-3742	VINCENT.ESTRAD@DIRECTGENERAL.COM	1281 MURFREESBORO PIKE
ENTERPRISE FLEET MANAGEMENT INC	LEIGH ANN STIEHL	314-274-0914	LEIGH.A.STIEHL@EFLEETS.COM	9315 OLIVE BLVD
ERNIE PALMER INC.	Mark Cleland	904-389-4561	mark.cleland@erniepalmartoyota.com	1290 CASSAT AVE
EXETER FINANCE CORP	CHARMAINE BECK	214-572-6754	CHARMAINE.BECK@EXETERFINANCE.COM	2250 W JOHN CARPENTER FWY STE 100
FAIRWINDS CREDIT UNION	STEVEN ARTAU	407-306-6010	SARTAU@FAIRWINDS.ORG	3075 N ALAFAYA TRL
FARMERS INSURANCE EXCHANGE	WADE WATKINS	818-874-1500	WADE.WATKINS@FARMERSINSURANCE.COM	31051 AGOURA RD
FIRST AMERICAN TITLE - CA	MARIA CARRILLO	714-250-3634	MCARRILLO@FIRSTAM.COM	3 FIRST AMERICAN WAY
FLEET LEASE DISPOSAL, INC	THERESA HUTTEL	561-266-8700	THERESA.HUTTEL@FLEETLEASE.COM	1515 N CONGRESS AVE STE A
FLEET STREET REMARKETING	MICKI MORAN SHILLE	727-319-0943	MSHILLE@FLEETSTREETUSA.COM	11522 SEMINOLE BLVD
FLOORPLAN XPRESS	BETH ROWE	405-605-6991	FLOOR@FPXUS.COM	4300 HIGHLINE BLVD STE 330B
IRONPLANET INC.	SCHERRI SCOTT-HENDRICKS	925-225-8622	SHENDRICKS@IRONPLANET.COM	3825 HOPYARD RD
JJ BEST & CO.	FERNANDO PINTO	508-991-8000	FRED@JJBEST.COM	60 N WATER ST
LEFTGATE PROPERTY HOLDING INC	ASHLEI BIDDLE	281-499-8200x384	ASHLEI.BIDDLE@TEXASDIRECTAUTO.COM	12053 SOUTHWEST FWY
MATHENY MOTOR TRUCK COMPANY	MICHAEL FEENANE	304-485-4418	MFEENANE@MATHENYMOTORS.COM	3RD AND ANN STREET
MCCOMBS HFC	ANDY DILLON	210-349-4949	ADILLON@REDMAC.NET	8333 W IH 10
MCCOMBS WEST FORD INC	ZACK TLILI	210-509-1000	ZTLILI@REDMAC.NET	7111 NW LOOP 410
MERCEDES-BENZ FINANCIAL SERVICES USA LLC	JENNIFER BEALE	800-207-6888	JENNIFER.BEALE@DAIMLER.COM	13650 HERITAGE PKWY
MIDFLORIDA CREDIT UNION	AMANDA KEITH COX	863-616-2100x2036	MCOX@MIDFLORIDA.COM	129 S KENTUCKY AVE
NATIONAL AUTO LENDERS, INC.	JERRELL BOONE	305-822-2886	JERRELLBOONE@NALENDERS.COM	14645 NW 77TH AVE STE 203

Page 1 B

City	State	phys_zip	dppa
SUN VALLEY	CA	91352-1017	dppa_3
DALLAS	TX	75237-3110	dppa_3
NORCO	CA	92860-3111	dppa_3
BLOOMINGTON	CA	92316-1737	dppa_3
ALPHARETTA	GA	30004-6130	dppa_3
GREENSBORO	NC	27420-3500	dppa_3
EL PASO	TX	79907-1511	dppa_3
NORTHBROOK	IL	60062-7914	dppa_3
HILLIARD	OH	43026-7456	dppa_3
WEST PALM BCH	FL	33406-1502	dppa_3
MACCLENLY	FL	32063-2121	dppa_3
PLANO	TX	75024-2302	dppa_3
IRVINE	CA	92618-3070	dppa_3
FORT WORTH	TX	76155-2732	dppa_3
HANOVER	MD	21076-1122	dppa_3
DEBARY	FL	32713-9735	dppa_3
ROCKLEDGE	FL	32955-2716	dppa_3
HOLLY HILL	FL	32117-3648	dppa_3
LEXINGTON	SC	29072-7653	dppa_3
NASHVILLE	TN	37217-2423	dppa_6
SAINT LOUIS	MO	63132-3211	dppa_3
JACKSONVILLE	FL	32205-7087	dppa_3
IRVING	TX	75063-2765	dppa_3
ORLANDO	FL	32826-3251	dppa_3
WESTLAKE VLG	CA	91361-4608	dppa_6
SANTA ANA	CA	92707-5913	dppa_3
DELRAY BEACH	FL	33445-2517	dppa_3
LARGO	FL	33778-3233	dppa_3
OKLAHOMA CITY	OK	73108-1850	dppa_3
PLEASANTON	CA	94588-8528	dppa_3
NEW BEDFORD	MA	02740-6336	dppa_3
STAFFORD	TX	77477-2305	dppa_3
PARKERSBURG	WV	26101-0000	dppa_3
SAN ANTONIO	TX	78230-3860	dppa_3
SAN ANTONIO	TX	78238-4117	dppa_3
FT WORTH	TX	76177-5323	dppa_3
LAKELAND	FL	33801-5059	dppa_3
MIAMI LAKES	FL	33014-2569	dppa_3

Page 2

Company	Contact User	Phone	Email	Address
NMAC	Patty Osborne	800-777-7092x4268	osbornp@nmac.com	8900 FREEPORT PKWY
NORTH MIAMI INSURANCE	GLORIA COOPER	813-376-8650	GLORIA@MYALLSTATESTITLE.COM	12935 W DIXIE HWY
OPENROAD LENDING LLC	JEFFREY SCOTT AUSTIN	972-215-0562	JEFF@OPENROADLENDING.COM	5555 N BEACH ST STE 4100
PATELCO CREDIT UNION	RICHARD RANTZ	800-358-8228x7144	RRANTZ@PATELCO.ORG	5050 HOPYARD RD
PEDDLE, LLC	TIMOTHY YAROSH	877-620-9552	TIM@PEDDLE.COM	111 W 6TH ST STE 300
PEN AIR FEDERAL CREDIT UNION	ANGELA FARNELL	850-505-3200x8432	FARNAN@PENAIR.ORG	1495 E NINE MILE RD
PERITUS PORTFOLIO SERVICES LLC	GARY PERDUE	866-831-5954x4000	GPERDUE@PERITUSSERVICES.COM	433 LAS COLINAS BLVD E STE 475
PNP SOLUTIONS LLC 2ND LOCATION	POOYAN FARAJI	713-933-7447	SALES@PNPCYCLES.COM	8928 SPRING BRANCH DR STE A3
PORT ARTHUR AUTO MOTIVE	NELVA L FRANK	409-982-4219	NL1967@YAHOO.COM	3148 25TH ST
PROGRESSIVE INSURANCE CO - LAKELAND	MARTHA A. FLYNN	863-868-1265	MFLYNN1@PROGRESSIVE.COM	1479 TOWN CENTER DR STE 201
PROGRESSIVE INSURANCE CO - LAUDERDALE LAKES	SCOTT DEROCHER	954-233-9026	scott_derocher@progressive.com	3250 W COMMERCIAL BLVD STE 200
PROGRESSIVE INSURANCE CO - MAITLAND	KELLY BUSTER	407-949-3656	KELLY_BUSTER@PROGRESSIVE.COM	901 NORTH LAKE DESTINY RD STE 200
PROGRESSIVE INSURANCE CO - MAYFIELD	MICHAEL P. SCOTT	440-910-0841	MSCOTT1@PROGRESSIVE.COM	6055 PARKLAND BLVD
PROGRESSIVE INSURANCE CO - Ocala	BRETT J FRYE	352-415-4266	bfrye1@progressive.com	2555 SW 76TH ST STE 130
PROGRESSIVE INSURANCE CO - ORLANDO	JENNIFER WAINWRIGHT	407-949-3670	JENNIFER_E_WAINWRIGHT@PROGRESSIVE.COM	901 NORTH LAKE DESTINY RD STE 200
PROGRESSIVE INSURANCE CO - TAMPA	JENNIFER D. BECK	813-371-3861	JENNIFER_D_DRECHSEL@PROGRESSIVE.COM	600 N WEST SHORE BLVD STE 500
PROGRESSIVE INSURANCE CO - TAMPA CASUALTY	VESNA PRILJEVA	813-371-3902	VESNA_PRILJEVA@PROGRESSIVE.COM	600 N WEST SHORE BLVD STE 500
PROGRESSIVE INSURANCE CO - VIERA	BRIAN GLASSMAN	321-775-6860	BRIAN_GLASSMAN@PROGRESSIVE.COM	7155 MURRELL RD STE 102
PROGRESSIVE INSURANCE CO - WEST PALM BEACH	MICHAEL G MURRAY	561-469-5010	MIKE_MURRAY@PROGRESSIVE.COM	5133 TYLER LAKES DR
PROGRESSIVE INSURANCE CO - WPB - SPEC LINES	CHERYL TRAYLOR	561-469-5037	CHERYL_A_TRAYLOR@PROGRESSIVE.COM	1641 WORTHINGTON RD STE 200
RATEGENIUS, INC.	ALYSIA ERIKA SANCHEZ	512-302-6496	ASANCHEZ@RATEGENIUS.COM	9300 UNITED DR STE 180
RATEGENIUS, INC.	ALYSIA ERIKA SANCHEZ	512-302-6496	ASANCHEZ@RATEGENIUS.COM	9300 UNITED DR STE 180
REGIONAL ACCEPTANCE CORPORATION	STEVEN L SMITH	866-819-5377x5071	SLSMITH@REGACC.COM	1420 E FIRE TOWER RD
SIERRA AUTO FINANCE, LLC	THOMAS MCGUIRE	469-206-4977	TOM.MCGUIRE@SIERRAAUTOFINANCE.COM	5005 LBJ FWY STE 700
SOUTHEAST FINANCIAL	HEATHER FINCH	866-900-8949x106	HEATHER@SEFINANCIAL.COM	131 BELLE FOREST CIR STE 210
SOUTHERN WRECKER & RECOVERY LLC	Michelle Gaylord	904-378-8000	michelle@southernwrecker.com	5169 W 12TH ST STE A
STATE FARM INS - ARIZONA	WILLIAM ABBOTT	480-293-8751	WILLIAM.S.ABBOTT.C27V@STATEFARM.COM	2700 S SUNLAND DR
STATE FARM INS - AUTO CLAIM CTU WHOC	XYLINA JIMENEZ	863-318-6007	XYLINA.JIMENEZ.UWC6@STATEFARM.COM	7401 CYPRESS GARDENS BLVD
STATE FARM INS - CAT 02	KATHY WHATLEY	972-887-7228	KATHY.WHATLEY.BCG3@STATEFARM.COM	3950 REGENT BLVD
STATE FARM INS - CPS & CSAS	MARY SEMPIER	786-394-9722	MARY.SEMPIER.CO43@STATEFARM.COM	10451 NW 117TH AVE
STERLING CREDIT CORPORATION	DEIRDRE THANSKI	407-551-2565x215	DEIRDRETHANSKI@STERLINGCREDITCORPORATION.CO	555 WINDERLEY PL STE 100
SUNTRUST BANK - CONSUMER LENDER SERVICES	Robin White	615-874-6472	robin.white@suntrust.com	41 RACHEL DR
SUNTRUST BANK - DFC	GLENDA KISER	865-986-0100x00	GLENDA.KISER@SUNTRUST.COM	227 MARKET DRIVE
SURETY BOND GIRLS, LLC	TRACI DAWN O'SULLIVAN	678-694-1967	TRACI@SURETYBONDGIRLS.COM	11445 FRAZIER FIR LN
SYSTEMS & SERVICES TECHNOLOGIES INC	THERESA WRIGHT	800-392-8308	THERESA.WRIGHT@SST-MO.COM	4315 PICKETT RD
TD AUTO FINANCE LLC	JUDY FERGUSON	866-254-9236	JUDY.FERGUSON@TD.COM	200 CAROLINA POINT PKWY FL 3
TESLA MOTORS, INC. - CA	JENNIFER BOZZUTO	510-946-4071	jbozzuto@tesla.com	45500 FREMONT BLVD
TMD INTEGRITY CORP.	MATTHEW GONZALES	817-590-9725	MATT@TMDSURETYBONDS.COM	2435 GRAVEL DR
TRAILER SOLUTIONS- FL, LLC	ANDREW B ACKERMAN	800-224-8180	ANDYA@NATDA.ORG	3306 SW 26TH AVE STE 301

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City	State	phys_zip	dappa
IRVING	TX	75063-2409	dppa_3
NORTH MIAMI	FL	33161-4809	dppa_6
FORT WORTH	TX	76137-2743	dppa_3
PLEASANTON	CA	94588-3353	dppa_3
AUSTIN	TX	78701-2168	dppa_3
PENSACOLA	FL	32514-5723	dppa_3
IRVING	TX	75039-6276	dppa_3
HOUSTON	TX	77080-7441	dppa_3
PORT ARTHUR	TX	77642-5218	dppa_3
LAKELAND	FL	33803-7972	dppa_6
FT LAUDERDALE	FL	33309-3459	dppa_6
MAITLAND	FL	32751-4806	dppa_6
MAYFIELD HTS	OH	44124-4186	dppa_6
GAINESVILLE	FL	32608-0349	dppa_6
MAITLAND	FL	32751-4806	dppa_6
TAMPA	FL	33609-1110	dppa_6
TAMPA	FL	33609-1140	dppa_6
MELBOURNE	FL	32940-8258	dppa_6
RIVIERA BEACH	FL	33407-7001	dppa_6
WEST PALM BCH	FL	33409-6703	dppa_6
AUSTIN	TX	78758-7702	dppa_3
AUSTIN	TX	78758-7702	dppa_6
GREENVILLE	NC	27858-4139	dppa_3
DALLAS	TX	75244-6145	dppa_3
NASHVILLE	TN	37221-2112	dppa_3
JACKSONVILLE	FL	32254-1674	dppa_3
TEMPE	AZ	85282-3335	dppa_6
WINTER HAVEN	FL	33884-4132	dppa_6
IRVING	TX	75063-2244	dppa_6
MEDLEY	FL	33178-1116	dppa_6
MAITLAND	FL	32751-7133	dppa_3
NASHVILLE	TN	37214-3684	dppa_3
LENOIR CITY	TN	37771-6406	dppa_3
JOHNS CREEK	GA	30022-7909	dppa_6
SAINT JOSEPH	MO	64503-1600	dppa_3
GREENVILLE	SC	29607-5766	dppa_3
FREMONT	CA	94538-6326	dppa_3
FORT WORTH	TX	76118-6937	dppa_6
OCALA	FL	34471-7854	dppa_3

Company	Page 3	Contact User	Phone	Email	Address
TRANSPORTATION CORPORATION		LOY PARSONS	818-254-8150	LOY.WEBUYCARS@GMAIL.COM	7833 SEPULVEDA BLVD STE D
VYSTAR CREDIT UNION		SHARON WERNER	904-777-6000x2423	WERNERS@VYSTARCU.ORG	4949 BLANDING BLVD
WELLS FARGO AUTO FINANCE - FULFILLMENT DEPT.		SEAN TILLMAN	480-216-0810	Alexandra.Munoz@wellsfargo.com	2800 S PRICE RD 3RD FLOOR BLDG D
WELLS FARGO AUTO FINANCE, INC.		ROBERT BROWN	480-787-4951	BROWN.ROBERT.R@WELLSFARGO.COM	2800 S PRICE RD FL 4

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City	State	phys_zip	dappa
VAN NUYS	CA	91405-6444	dppa_3
JACKSONVILLE	FL	32210-7330	dppa_3
CHANDLER	AZ	85286-0000	dppa_3
CHANDLER	AZ	85286-7808	dppa_3





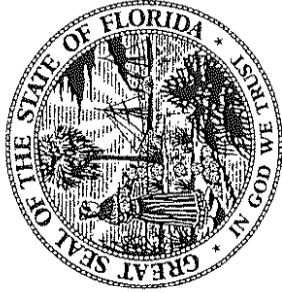
## Department of State

I certify from the records of this office that AUTO DATA DIRECT, INC., is a corporation organized under the laws of the State of Florida, filed on October 22, 1999.

The document number of this corporation is P99000093112.

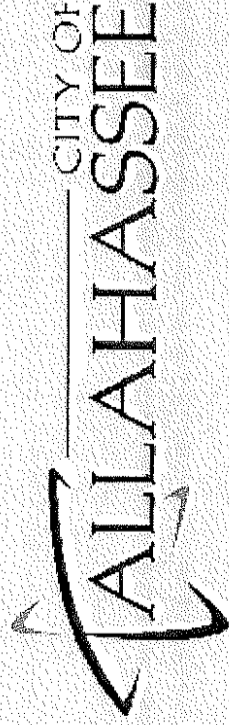
I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on March 24, 2016, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Ninth day of August, 2016

*Ken Dietzner*  
Ken Dietzner  
Secretary of State



**AUTO DATA DIRECT, INC.**  
JAMES TAYLOR  
1379 CROSS CREEK CIR  
TALLAHASSEE FL 323013729

Account Number: 53566

**The Business Tax Certificate for tax year 2016 is attached below.**

**This certificate expires September 30th, 2016.**

Please detach and display in a prominent place at the business location.

To cancel a business account with the City of Tallahassee, please return this certificate with a letter identifying the final day of business.

To transfer ownership or location, please follow the instructions on the reverse side of the tax certificate.

Each April the "Declaration of Information Form" is mailed to all non-professional, commercial locations. This Declaration must be completed and returned prior to June 15th. Failure to accurately complete the Declaration of Information can result in a 25% tax increase.

For information concerning the Business Tax, please visit [Talgov.com](http://Talgov.com) or call the Revenue Division at (850) 891-6488.

Thank you for your Payment

**2015-16**

**CITY OF TALLAHASSEE BUSINESS TAX CERTIFICATE  
LOCAL BUSINESS TAX RECEIPT**

**2015-16**

DBA: AUTO DATA DIRECT, INC.  
Location: 1379 CROSS CREEK B  
Address: TALLAHASSEE FL 32301

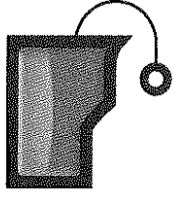
**TAX CERTIFICATE EXPIRES SEPTEMBER 30, 2016**

Account Number: 53566

Type Code: 850      Sub Code: h      Type Description: Service - Miscellaneous

**AUTO DATA DIRECT, INC.  
JAMES TAYLOR**

The firm, corporation, organization, business or individual whose name appears herein has paid a business tax for the business activities indicated above, subject to city, state and federal laws. This certificate must be conspicuously displayed at the location of the business activity. A change of location from the stated business location on this certificate as well as a change in ownership requires a transfer. (See reverse side.)

**AutoDataDirect, Inc.**

1379 Cross Creek Circle, Tallahassee, FL 32301-3729  
P 850.877.8804 | F 850.877.5910 | [www.add123.com](http://www.add123.com)

August 8, 2016

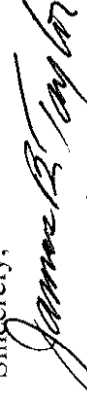
Washington State  
Department of Licensing  
P. O. Box 9047  
Olympia, WA 98507-9047

**RE: Representative Agent**

To Whom It May Concern:

I, James B. Taylor as the sole corporate member of Auto Data Direct, Inc., (EIN-593606674) authorize George Armstrong, State Contracts Administrator to be the representative agent on the Washington State, Vehicle/Vessel Disclosure Application.

Sincerely,

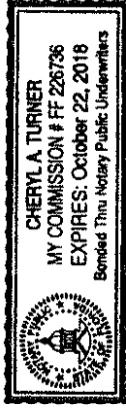
  
James B. Taylor  
President

THE FOREGOING INSTRUMENT was acknowledged before me by James B. Taylor, who is personally know to me this 8<sup>th</sup> day of August 2106



NOTARY PUBLIC

MY COMMISSION EXPIRES



EXPERT TOWING & AUTO SALES, INC.  
62684 SHINGLEHOUSE ROAD  
COOS BAY, OR 97420

541-267-4499 PHONE - 541-269-1948 FAX

EXPERT@LTMTRUCK.NET

FACSIMILE TRANSMITTAL SHEET

TO:

FROM:

Shawn

COMPANY:

WA State Dept. of Licensing

DATE:

7/12/16

FAX NUMBER:

360-570-7895

PAGES:

5

RE:

Vehicle/Vessel Contract App

☐ URGENT

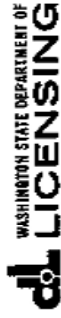
☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: [vedisclose@dol.wa.gov](mailto:vedisclose@dol.wa.gov).

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1 Method of access you are requesting</b> <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
<b>PRINT or TYPE Company/Agency name</b> <div style="text-align: center; font-size: 1.2em;">Expert Towing &amp; Auto Sales</div>			
<b>Contract contact/manager (IVIPS and Bulk records accounts)</b>		<b>Signing Authority name (Bulk records accounts only)</b>	
<b>(Area code) Phone number</b>	<b>Email (required for IVIPS and Bulk records)</b>	<b>(Area code) Phone number</b>	<b>Email (required for Bulk records)</b>
<b>Physical address of business (Number and street, City, State, ZIP code)</b> <div style="text-align: center; font-size: 1.2em;">62684 Shinglehouse Rd, Coos Bay OR 97420</div>			
<b>Mailing address of business, if different (Address or PO Box, City, State, ZIP code)</b>			
<b>Provide one of these identifiers:</b>		<b>Employer Identification Number (EIN)</b> <div style="text-align: center;">00</div>	<b>WA Unified Business Identifier (UBI)</b>
<b>2 Provide a detailed explanation of your primary business activity (exactly what your business does).</b> <div style="text-align: center; font-size: 1.2em;">Towing &amp; Auto Sales</div>			
<b>3 Check all that apply to you and/or your business</b>			
<input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input checked="" type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input checked="" type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input checked="" type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input checked="" type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input checked="" type="checkbox"/> Towing company <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

Impounded vehicles } obtain registered owner & Lien holder  
 ABANDONED vehicles } information. Check for Flags.  
 Accidents  
 Purchase of vehicles - verify Brands or Lien holders

**5** Redisclosure and/or selling of Information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

Certified letter to inform them of the tow bill &  
 pending auction of their vehicle.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No



**B** Check all that apply

☐ **I represent a government agency.** Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☒ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
  - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
  - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

**By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

7/12/16 Coos Canyon  
Date and place (county) signed

Bookkeeper

Title

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

# VEHICLE DEALER CERTIFICATE

---

## DA2524

**EFFECTIVE: JULY 8, 2014**

**EXPIRES: JUNE 30, 2017**

***Issued To:***

**EXPERT TOWING & AUTO SALES INC  
62684 SHINGLEHOUSE RD  
COOS BAY OR 97420**

*This business is authorized to engage in buying, selling, or dealing in new or used vehicles in the state of Oregon under the provisions of ORS 822.020, and to exercise privileges granted by certificate under the provisions of ORS 822.040.*

*To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050.*

*Driver and Motor Vehicle Services  
Department of Transportation  
Salem OR 97314*

**\* ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE \***





## Vehicle/Vessel Contract Application

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Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

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<b>1</b> Method of access you are requesting			
<input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____		<input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular	
PRINT or TYPE Company/Agency name <b>CAMPBELL NISSAN OF EVERETT</b>			
Contract contact/manager (IVIPS and Bulk records accounts) <b>MONIKA PETERSON</b>		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number <b>(425) 347-5763</b>	Email (required for IVIPS and Bulk records) <b>MONIKAF@CAMPBELLAUTOGR</b>	(Area code) Phone number <b>mp.4em</b>	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) <b>10500 HWY 99 EVERETT WA 98204</b>			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
		<b>66</b>	<b>603-617-640</b>

**2** Provide a detailed explanation of your primary business activity (exactly what your business does).

### NEW AND USED AUTOMOBILE SALES, SERVICE & PARTS

**3** Check all that apply to you and/or your business

<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input checked="" type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____
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**B** Check all that apply☐ **I represent a government agency.** Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
  - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
  - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

Title \_\_\_\_\_

Signature 

Date and place (county) signed \_\_\_\_\_

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

WE NEED ACCESS TO THE I-VIPS SYSTEM TO VERIFY REGISTERED AND LEGAL OWNERS FOR VEHICLES THAT ARE TRADED IN AND OUT RIGHT PURCHASES. TO MAKE SURE THERE ARE NO ADDITIONAL LIENS OR OWNERS.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

Legal business name	Contact name	Email	Telephone #
<b>1</b> CAMPBELL NISSAN EVERETT, IN Address, City, State, ZIP code 10500 HWY 99 S EVERETT WA 98204 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MONIKA PETERSON	MONIKAF@CAMPBELL Subscriber's permissible use <i>Auto group com</i>	(425) 347-5762
<b>2</b> CAMPBELL NISSAN EVERETT, IN Address, City, State, ZIP code 10500 HWY 99 S EVERETT WA 98204 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LAURIE BLANCHARD	LAURIEB@CAMPBELL Subscriber's permissible use <i>Auto group com</i>	(425) 347-5762
<b>3</b> CAMPBELL NISSAN EVERETT Address, City, State, ZIP code 10500 HWY 99 S EVERETT WA 98204 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BRANDON SCHERMER	BRANDONS@CAMPBELL Subscriber's permissible use <i>Auto group com</i>	(425) 347-5762
<b>4</b> CAMPBELL NISSAN EVERETT, IN Address, City, State, ZIP code 10500 HWY 99 S EVERETT WA 98204 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BRYAN CHRISTMAN	BRYANC@CAMPBELL Subscriber's permissible use <i>Auto group com</i>	(425) 347-5762
<b>5</b> CAMPBELL NISSAN EVERETT Address, City, State, ZIP code 10500 HWY 99 S EVERETT WA 98204 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BREANNA GRIFFITH	BREANNAG@CAMPBELL Subscriber's permissible use <i>Auto group com</i>	(425) 347-5762
<b>6</b> CAMPBELL NISSAN EVERETT Address, City, State, ZIP code 10500 HWY 99 S EVERETT WA 98204 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OSCAR NAVARRO	OSCARV@CAMPBELL Subscriber's permissible use <i>Auto group com</i>	(425) 347-5762
<b>7</b> CAMPBELL NISSAN EVERETT Address, City, State, ZIP code 10500 HWY 99 S EVERETT WA 98204 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STEVE SANAYEI	STEVES@CAMPBELL Subscriber's permissible use <i>Auto group com</i>	(425) 347-5762

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

**Subscriber Roster (Data brokers/resellers applying for IVPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivpsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
<b>1</b>	CAMPBELL NISSAN EVERETT, IN Address, City, State, ZIP code 10500 HWY 99 S EVERETT WA 98204 Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TRAVIS MEYERS	TRAVIS@CAMPBELL Subscriber's permissible use INFORMATION IS USED TO VERIFY REGISTRATION AND LIENS	(425) 347-5763
<b>2</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use INFORMATION IS USED TO VERIFY REGISTRATION AND LIENS	Telephone #
<b>3</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use INFORMATION IS USED TO VERIFY REGISTRATION AND LIENS	Telephone #
<b>4</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use INFORMATION IS USED TO VERIFY REGISTRATION AND LIENS	Telephone #
<b>5</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use INFORMATION IS USED TO VERIFY REGISTRATION AND LIENS	Telephone #
<b>6</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use INFORMATION IS USED TO VERIFY REGISTRATION AND LIENS	Telephone #
<b>7</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: [vedisclose@dol.wa.gov](mailto:vedisclose@dol.wa.gov).

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

### 1 Method of access you are requesting

- ☐ IVIPS (Individual record inquiries) Current IVIPS number, if applicable \_\_\_\_\_  
☐ Bulk vehicle/vessel records (Batch process) Frequency (check one): ☐ One time ☒ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

SUNRISE AUTO SALES

Contract/contact manager (IVIPS and Bulk records accounts)

DAVID BABCOCK

Signing Authority Name (Bulk records accounts only)

(Area code) Phone number Email (required for IVIPS and Bulk records)

360 832 2555 SUNRISEAUTO2010@YAHOO

(Area code) Phone number Email (required for Bulk records)

360 832 2555 SUNRISEAUTO2010@YAHOO

Physical address of business (Number and street, City, State, ZIP code)

121 WASHINGTON AVE N1 EATONVILLE WA 98328

Mailing address of business, if different (Address or PO Box, City, State, ZIP code)

PO BOX 43 EATONVILLE WA 98328

Provide one of these identifiers:

Taxpayer Identification Number (TIN)

06

Employer Identification Number (EIN)

WA Unified Business Identifier (UBI)

### 2 Provide a detailed explanation of your primary business activity (exactly what your business does).

RETAIL CAR SALES

### 3 Check all that apply to you and/or your business

- ☐ Attorney  
☐ Auction  
☐ Auto manufacturer or agent  
☐ Bail bonds  
☐ Bank or financing firm  
☐ Business  
☐ Commercial parking company  
☐ Credit union  
☐ Data broker/Reseller  
☐ Debt recovery/Collection  
☐ Employer/Prospective employer  
☐ Government  
☐ Guardianship/Trustee service  
☐ Homeowner association  
☐ Hospital  
☐ Hulk hauler  
☐ Insurance company/agent

- ☐ Lien service  
☐ Marina  
☐ Neighborhood block watch  
☐ Newspaper or media  
☐ Non-profit organization  
☐ Parking enforcement  
☐ Private investigator  
☐ Process server  
☐ Property mgmt. - Government  
☐ Property mgmt. - Private  
☐ Repossession service  
☐ Retail/Store  
☐ School - Private  
☐ School - Public  
☐ Scrap processor or wrecker  
☐ Security services - Government  
☐ Security services - Private

- ☐ Service bureau for another business  
 Provide business name:

- ☐ Storage facility  
☐ Title/Escrow  
☐ Toll facility  
☐ Towing company  
☐ Transporter  
☐ Union (non-profit)  
☒ Vehicle/Vessel dealer  
☐ I represent a business that will provide information to another party  
 Provide business names:  
☐ Other (explain)

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

I AM A RETAIL CAR DEALER # 7407  
NEED TO KNOW OWNERSHIP OF TRADE IN

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

THEY WILL BE SELLING CAR OR TRADING CAR  
TO SUNRISE AUTO SALES IN PERSON

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No



**8** Check all that apply

☐ **I represent a government agency.** Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

**By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

Date and place (county) signed 2707th 6/7/16

Title PRES. AND OWNER  
Signature *Dawn Babcock* **x**

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93





## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular				
PRINT or TYPE Company / Agency name <b>Seattle Powersports II, LLC dba Lawless Motorcycle Superstore #6274</b> Contract contact/manager (IVIPS and Bulk records accounts) <b>Cara Sattler</b>				
(Area code) Phone number <b>425-988-2003</b>		Email (required for IVIPS and Bulk records) <b>csattler@lawlesshd.com</b>		(Area code) Phone number _____
Physical address of business (Number and street, City, State, ZIP code) <b>7501 E Sprague Ave Spokane Valley, WA 98212</b>				
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) Same As Above				
Provide <b>one</b> of these identifiers: Taxpayer Identification Number (TIN) _____		Employer Identification Number (EIN) _____		WA Unified Business Identifier (UBI) <b>603-402-251</b>
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does) Motorcycle sales, service and parts sales. Will be taking vehicles in on trade.				
<b>3</b> Check all that apply to you and/or your business				
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent		<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private		
		<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____		

**4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.**

When a customer trades in a motorcycle or any other licensed vehicle we want to make sure that the lien + registered owners info on title they give us matches what Washington Doc has on file. Also want to make sure that there is no ghost lien, rebuilt title marked or any other odd things that could be against the vehicle.

**5 Redisclosure and/or selling of information**

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

N/A

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

N/A

How will you provide the information to recipients? Explain.

N/A

**6 Owner contact**

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

Will contact only if we need something from a different owner to find out if the vehicle was actually sold to the person that is trading the vehicle in. Also will contact them if we need any other license documents signed by them.

**7 Answer the following**

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply

☐ **I represent a government agency.** Agency name: \_\_\_\_\_

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1. Attach a legible copy of one of the following:

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- subscriber roster (provided on page 4)
- subscriber agreements

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- your current business license
- your current bar card

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- your current business license

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**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

6/15/16 Spokane  
Date and place (county) signed

Office Manager  
Title

X Cara Satten  
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

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**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name Seattle Powersport II, LLC	Contact name Steve Pennock	Email spennock@lawlesscollection.com	Telephone # 509-928-7502
	Address, City, State, ZIP code 7501 E Sprague Ave Spokane WA 99212		Subscriber's permissible use verify legal + registered name at the time customer trades vehicle in or if we purch	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

WASHINGTON STATE DEPARTMENT OF  
LICENSING

## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or e-mail (print and scan or upgrade to **Adobe Reader XI** or above) to: **[vsdsclose@dof.wa.gov](mailto:vsdsclose@dof.wa.gov)**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001;  
Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

## Fees

**Fees**  
**IVPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a one-time set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular	
PRINT or TYPE Company/Agency name <b>777 AUTO SALES AND SERVICE</b>	
Contract contact/manager (IVIPS and Bulk records accounts) Signing Authority name (Bulk records accounts only)	
(Area code) Phone number <b>253-448-2166</b>	Email (required for IVIPS and Bulk records) <b>777autosalesandservice@gmail.com</b>
(Area code) Phone number <b>253-448-2166</b>	
Physical address of business (Number and street, City, State, ZIP code) <b>3630 S 166th ST TACOMA WA 98409</b>	
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)	
Provide one of these identifiers: Taxpayer Identification Number (TIN)	WA Unified Business Identifier (UBI)
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does) <b>used vehicle sales &amp; repair</b>	
<b>3</b> Check all that apply to you and/or your business	
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private
<input type="checkbox"/> Service bureau for another business Provide business name:	
<input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names:	
<input type="checkbox"/> Other (explain)	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

to verify legal & registered owner  
for trade-in & purchase vehicles  
to verify if any Brands are on the title.

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No

2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No

3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

8 Check all that apply

☐ I represent a government agency. Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ I am an attorney.\* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Title

6-7-16 Tacoma Pierce

Date and place (county) signed

x Ashley Dullester

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name 777 Auto Sales and Service	Contact name Ashley	Email 777autosales@comcast.net	Telephone # 953-448-2166
	Address, City, State, ZIP code 3630 S 66th St Tacoma WA 98409		Subscriber's permissible use to complete purchase & sale transaction when title has been lost & to verify if vehicle has lien	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Email to verify BRANDS on title	
<b>2</b>	Legal business name	Contact name	Subscriber's permissible use	
	Address, City, State, ZIP code			
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email	
<b>3</b>	Legal business name	Contact name	Subscriber's permissible use	
	Address, City, State, ZIP code			
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email	
<b>4</b>	Legal business name	Contact name	Subscriber's permissible use	
	Address, City, State, ZIP code			
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email	
<b>5</b>	Legal business name	Contact name	Subscriber's permissible use	
	Address, City, State, ZIP code			
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email	
<b>6</b>	Legal business name	Contact name	Subscriber's permissible use	
	Address, City, State, ZIP code			
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email	
<b>7</b>	Legal business name	Contact name	Subscriber's permissible use	
	Address, City, State, ZIP code			
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email	

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



777autosalesandservice@gmail.com

777 AUTO SALES N' SERVICE, INC.  
3630 S 66TH ST  
TACOMA WA 98409-2470

DETACH BEFORE POSTING



STATE OF  
WASHINGTON  
Corporation

777 AUTO SALES N' SERVICE, INC.  
3630 S 66TH ST  
TACOMA, WA 98409-2470

Unified Business ID #: 603364910  
Business ID #: 001  
Location: 0003  
Expires: Jun 30, 2017

## BUSINESS LICENSE

UNEMPLOYMENT INSURANCE  
TAX REGISTRATION

INDUSTRIAL INSURANCE  
MOTOR VEHICLE DEALER #0777

### LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*W. L. Smith*

Director, Department of Revenue

# MT. SPOKANE

HIGH SCHOOL



6015 E. Mt. Spokane Park Drive • Mead, WA 99021  
(509) 465-7200 • Fax (509) 465-7220

## FAX TRANSMITTAL FORM

TO: Wa. ST. D.O.L.

DEPARTMENT: VS Discloser

FAX NO.: 360-570-7895

FROM: Mt. Spokane High School

DEPARTMENT: Main Office

PHONE NO.: (509) 465-7200

FAX NO.: (509) 465-7220

DATE: 6/6/2016

NO. OF PAGES: 5

(including this cover. If not received, call sender.)

COMMENTS: Please Confirm

that you have received this

fax. Thank you



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: [vsdisclose@dol.wa.gov](mailto:vsdisclose@dol.wa.gov).

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

### 1 Method of access you are requesting

- ☒ **IVIPS (Individual record inquiries)** Current IVIPS number, if applicable \_\_\_\_\_  
☐ **Bulk vehicle/vessel records (Batch process)** Frequency (check one): ☐ One time ☐ Periodic ☒ Regular

PRINT or TYPE Company/Agency name

Mt. Spokane High School

Contract contact/manager (IVIPS and Bulk records accounts) CHRIS YOUNG (Signing Authority name (Bulk records accounts only))

(Area code) Phone number 509 370-6654 Email (required for IVIPS and Bulk records) CHRIS.YOUNG@MEAD354.ORG Email (required for Bulk records)

Physical address of business (Number and street, City, State, ZIP code)  
6015 E MT SPOKANE PARK DR MEAD, WA 99021

Mailing address of business, if different (Address or PO Box, City, State, ZIP code)

Provide one of these identifiers:

Taxpayer Identification Number (TIN) 6a

Employer Identification Number (EIN)

WA Unified Business Identifier (UBI)

### 2 Provide a detailed explanation of your primary business activity (exactly what your business does).

PUBLIC EDUCATION

### 3 Check all that apply to you and/or your business

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Attorney<br><input type="checkbox"/> Auction<br><input type="checkbox"/> Auto manufacturer or agent<br><input type="checkbox"/> Bail bonds<br><input type="checkbox"/> Bank or financing firm<br><input type="checkbox"/> Business<br><input type="checkbox"/> Commercial parking company<br><input type="checkbox"/> Credit union<br><input type="checkbox"/> Data broker/Reseller<br><input type="checkbox"/> Debt recovery/Collection<br><input type="checkbox"/> Employer/Prospective employer<br><input checked="" type="checkbox"/> Government<br><input type="checkbox"/> Guardianship/Trustee service<br><input type="checkbox"/> Homeowner association<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Hulk hauler<br><input type="checkbox"/> Insurance company/agent | <input type="checkbox"/> Lien service<br><input type="checkbox"/> Marina<br><input type="checkbox"/> Neighborhood block watch<br><input type="checkbox"/> Newspaper or media<br><input type="checkbox"/> Non-profit organization<br><input type="checkbox"/> Parking enforcement<br><input type="checkbox"/> Private investigator<br><input type="checkbox"/> Process server<br><input type="checkbox"/> Property mgmt. - Government<br><input type="checkbox"/> Property mgmt. - Private<br><input type="checkbox"/> Repossession service<br><input type="checkbox"/> Retail/Store<br><input type="checkbox"/> School - Private<br><input checked="" type="checkbox"/> School - Public<br><input type="checkbox"/> Scrap processor or wrecker<br><input type="checkbox"/> Security services - Government<br><input type="checkbox"/> Security services - Private | <input type="checkbox"/> Service bureau for another business<br>Provide business name: _____<br><input type="checkbox"/> Storage facility<br><input type="checkbox"/> Title/Escrow<br><input type="checkbox"/> Toll facility<br><input type="checkbox"/> Towing company<br><input type="checkbox"/> Transporter<br><input type="checkbox"/> Union (non-profit)<br><input type="checkbox"/> Vehicle/Vessel dealer<br><input type="checkbox"/> I represent a business that will provide information to another party<br>Provide business names: _____<br><input type="checkbox"/> Other (explain) _____ |
|---|---|---|

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

RESTRICTED VEHICLE PARKING AROUND THE SCHOOL. NEED VEHICLE OWNER INFORMATION TO POST "UNAUTHORIZED VEHICLE PARKING" NOTICE.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No  
 If no, skip to Section 6.  
 If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*  
 If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

8 Check all that apply

☒ I represent a government agency. Agency name: MT Spokane High School, Mead School District

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☒ Yes ☐ No

☐ I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ I am an attorney.\* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

6/6/16 Spokane Co. WA  
Date and place (county) signed

SCHOOL RESOURCE DEPT.  
Title

X Ch S Go  
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
<b>1</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>2</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>3</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #
<b>4</b>	Address, City, State, ZIP code		Subscriber's permissible use	
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<b>6</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
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<b>7</b>	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Legal business name	Contact name	Email	Telephone #

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Lynden High School

1201 Bradley Road,

Lynden WA, 98264

**FAX**Date: June 1, 2016Number of pages including cover sheet: 5

To:

Susan MitchellDept of Licensing

Phone:

360-570-7895

Fax:

CC:

From:

Santos GallegosLynden High School

Phone:

360-354-4401

Fax:

360-354-0991

Remarks:

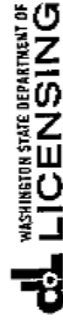
☐ Urgent☐ For your review☐ Reply ASAP☐ Please comment

Here is the information needed for the IVEPS  
Contract for Lynden School District

Thank you and have a great day

Santos R Gallegos

*Spirit, Pride, Tradition Of Excellence*



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: [vsdisclose@dol.wa.gov](mailto:vsdisclose@dol.wa.gov).

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

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**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

### 1 Method of access you are requesting

- ☐ IVIPS (Individual record inquiries) Current IVIPS number, if applicable \_\_\_\_\_  
☐ Bulk vehicle/vessel records (Batch process) Frequency (check one): ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

Lynden High School

Contract contact/manager (IVIPS and Bulk records accounts)

Santos Gallegos

(Area code) Phone number Email (required for IVIPS and Bulk records)

(360) 354-4401 gallegoss@lynden.wednet.edu

(Area code) Phone number

(360) 354-4401

Email (required for Bulk records)

gallegoss@lynden.wednet.edu

Physical address of business (Number and street, City, State, ZIP code)

1201 Bradley Road, Lynden, WA 98264

Mailing address of business, if different (Address or PO Box, City, State, ZIP code)

Provide one of these identifiers:

Taxpayer Identification Number (TIN)

0000000000

Employer Identification Number (EIN)

WA Unified Business Identifier (UBI)

### 2 Provide a detailed explanation of your primary business activity (exactly what your business does).

Lynden High School is a public high school in the Lynden School District. We serve students in grades 9-12. We need the service to increase safety in our parking lots.

### 3 Check all that apply to you and/or your business

- ☐ Attorney  
☐ Auction  
☐ Auto manufacturer or agent  
☐ Bail bonds  
☐ Bank or financing firm  
☐ Business  
☐ Commercial parking company  
☐ Credit union  
☐ Data broker/Reseller  
☐ Debt recovery/Collection  
☐ Employer/Prospective employer  
☐ Government  
☐ Guardianship/Trustee service  
☐ Homeowner association  
☐ Hospital  
☐ Hulk hauler  
☐ Insurance company/agent

- ☐ Lien service  
☐ Marina  
☐ Neighborhood block watch  
☐ Newspaper or media  
☐ Non-profit organization  
☐ Parking enforcement  
☐ Private investigator  
☐ Process server  
☐ Property mgmt. - Government  
☐ Property mgmt. - Private  
☐ Repossession service  
☐ Retail/Store  
☐ School - Private  
☒ School - Public  
☐ Scrap processor or wrecker  
☐ Security services - Government  
☐ Security services - Private

- ☐ Service bureau for another business  
 Provide business name: \_\_\_\_\_

- ☐ Storage facility  
☐ Title/Escrow  
☐ Toll facility  
☐ Towing company  
☐ Transporter  
☐ Union (non-profit)  
☐ Vehicle/Vessel dealer  
☐ I represent a business that will provide information to another party  
 Provide business names: \_\_\_\_\_  
☐ Other (explain) \_\_\_\_\_



**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

We need the service so that we can find out who an unapproved vehicle on campus belongs too, who is speeding through our lots, or who is damaging property.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

We will contact them to explain the rules and regulations when driving on or near school property. We will call. We will also contact local police if a law has been broken.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply☒ **I represent a government agency.** Agency name: Lynden Public SchoolsDo you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency?.....☒ Yes ☐ No☐ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
  - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
  - Other documents reviewed and approved by the Department of Licensing Public Records Officer
2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635****Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640****By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.**

Security Officer

Title

June 1, 2016, Whatcom County, WA

Date and place (county) signed

**X** Santos Gellejos

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

	Legal business name	Contact name	Email	Telephone #
<b>1</b>	Address, City, State, ZIP code	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Subscriber's permissible use	
	Legal business name	Contact name	Email	Telephone #
<b>2</b>	Address, City, State, ZIP code	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Subscriber's permissible use	
	Legal business name	Contact name	Email	Telephone #
<b>3</b>	Address, City, State, ZIP code	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Subscriber's permissible use	
	Legal business name	Contact name	Email	Telephone #
<b>4</b>	Address, City, State, ZIP code	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Subscriber's permissible use	
	Legal business name	Contact name	Email	Telephone #
<b>5</b>	Address, City, State, ZIP code	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Subscriber's permissible use	
	Legal business name	Contact name	Email	Telephone #
<b>6</b>	Address, City, State, ZIP code	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Subscriber's permissible use	
	Legal business name	Contact name	Email	Telephone #
<b>7</b>	Address, City, State, ZIP code	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Subscriber's permissible use	
	Legal business name	Contact name	Email	Telephone #

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

3104 W. Kennewick Ave. Suite A  
Kennewick, WA 99336  
509-591-9174  
509-591-4608  
tcauto.info

Tri-Cities Auto  
Remarketing

# Fax

To: Washington State Dept. of Licensing From: Tri-Cities Remarketing  
Fax: 1-360-570-7895 Pages: 10

Phone:

Date: 5/23/2016

Re: Vehicle/Vessel Contract App. cc:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

Please contact

Daniel Pizzarella

@ 509-987-8888

for further questions or concerns.

Thank you.



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting <input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name Tri-Cities Remarketing LLC / Tri-Cities Auto Remarketing			
Contract contact/manager (IVIPS and Bulk records accounts) Daniel J Pizzarella		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (509) 987-8888	Email (required for IVIPS and Bulk records) dpizzarella@gmail.com	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 3104 W. Kennewick Ave. Suite A Kennewick, WA 99336			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers: Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603-239-816	

**2** Provide a detailed explanation of your primary business activity (exactly what your business does)

I am a Remarketer for local credit unions and banks, Washington State Dealer #2239 and vehicle transporter Washington State Transporter #7336 under my other company DP Tri-Cities LLC UBI# 603-116-916.

**3** Check all that apply to you and/or your business

<input type="checkbox"/> Attorney <input checked="" type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: Other (explain)
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**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

I take Trade ins over the weekends and need to know if the titles are free of lien holders. I sell about 40 vehicles per Mo. at Auction all over the country. I need to start pulling VIPS as an additional service for my Remarketing customers. I will not be selling this service; I will just be enhancing what I already do.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? .....

☐ Sell ☐ Provide ☒ No  
If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? .....

☐ Yes ☒ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name Tri-Cities Auto Remarketing Address, City, State, ZIP code 3104 W Kennewick Ave Suite A, Kennewick, WA 99336 Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact name Daniel Pizzarella	Email dpizzarella@gmail.com Subscriber's permissible use <b>ID VERIFY TITLE IS CLEAR DEFIEN HOLDING &amp; CLEAN/REGARD OIL MILES ARE ACCURATE</b>	Telephone # (509) 987-8888
<b>2</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #
<b>3</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #
<b>4</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #
<b>5</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #
<b>6</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #
<b>7</b>	Legal business name Address, City, State, ZIP code Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact name	Email Subscriber's permissible use	Telephone #

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

0 Bureau of Motor Vehicle Safety

☐ I represent a government agency. Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ I am an attorney.\* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

BEWTON

Date and place (county) signed

Title

X

Signature

TITLE CLERK MANAGER

DANIEL J. PIZZOLLA

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



STATE OF  
WASHINGTON

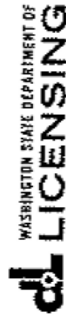
## BUSINESS LICENSE

Domestic Limited Liability Company

TRI-CITIES REMARKETING L.L.C.  
TRI-CITIES AUTO REMARKETING  
3104 W KENNEWICK AVE STE A  
KENNEWICK WA 99336 2993TAX REGISTRATION  
MOTOR VEHICLE DEALER #2239CITY LICENSES/REGISTRATIONS:  
KENNEWICK GENERAL BUSINESS (EXPIRES 02-29-2016)Unified Business ID #: 603 239 816  
Business ID #: 1  
Location: 1  
Expires: 09-30-2016

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting			
<input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input checked="" type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular			
<b>PRINT or TYPE Company/Agency name</b> GREENACRES MOTORS INC			
<b>Contract contact/manager (IVIPS and Bulk records accounts)</b> PAT WHITE		<b>Signing Authority name (Bulk records accounts only)</b>	
(Area code) Phone number (509) 892-6825	Email (required for IVIPS and Bulk records) VATRADE01@GMAIL.COM	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 18111 E. APPLEWAY AVE GREENACRES, WA 99016			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
<b>Provide one of these identifiers:</b>		Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)
			WA Unified Business Identifier (UBI) 601-550-201
<b>2</b> Provide a detailed explanation of your primary business activity (exactly what your business does)  CAR SALES. BUY HERE PAY HERE SALES.			
<b>3</b> Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input checked="" type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input checked="" type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input checked="" type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☒ Yes ☐ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

IF NEEDED TO VERIFY THAT TITLE INFORMATION IS TRUE, CORRECT, AND LEGITIMATE.

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

8 Check all that apply

☐ I represent a government agency. Agency name: \_\_\_\_\_Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No☒ I represent a Washington State business. Attach legible copies of:

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- any/all professional licenses that you possess

☐ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

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- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

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IVIPS applicants must also include:

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- subscriber agreements

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- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

5/12/16 SPOKANE

Date and place (county) signed

MANAGER

Title

☒ PAT WHITE

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

**Subscriber Roster (Data brokers/resellers applying for IVIPS must complete this section)**

Each data broker or reseller must:

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use each subscriber qualifies
- Retain Subscriber Roster for 6 years and provide to DOL when requested

Your contract and/or IVIPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

**NOTE:** When a subscriber gives information to an attorney or private investigator, a notification letter must be sent. Failure to send a notification letter is a violation of your contract and Washington State laws. A sample notification letter is at <https://fortress.wa.gov/dol/ivipsprod/>.

In the *Subscriber's permissible use* box, provide a specific description of why the subscriber needs access to personal information. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

<b>1</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>4</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>5</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>6</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>7</b>	Legal business name	Contact name	Email	Telephone #
	Address, City, State, ZIP code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF  
WASHINGTON

# BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 601 550 201  
Business ID #: 1  
Location: 1  
Expires: 05-31-2016

FLAG HILL LUMBER CO., INC.  
GREENACRES MOTORS  
18111 E APPLEWAY AVE  
SPOKANE VALLEY WA 99016

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
MOTOR VEHICLE DEALER #3755

UNEMPLOYMENT INSURANCE

CITY LICENSES/REGISTRATIONS:  
SPOKANE VALLEY GENERAL BUSINESS

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*W. J. Smith*

Director, Department of Revenue

EXPIRATION DATE 05-31-2016

BER CO. INC.  
TORS  
WAY AVE  
Y WA 99016

ION  
INSURANCE  
E DEALER #3755  
INSURANCE  
Y GENERAL BUSINESS

*W. J. Smith*  
Director, Department of Revenue

# Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

## Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

## 1 Method of access you are requesting

- ☒ **IVIPS (Individual record inquiries)** Current IVIPS number, if applicable \_\_\_\_\_  
☐ **Bulk vehicle/vessel records (Batch process)** Frequency (check one): ☐ One time ☐ Periodic ☐ Regular

PRINT or TYPE Company/Agency name

**EVERETT POWERSPORTS**

Contract contact/manager (IVIPS and Bulk records accounts)

**TRINA WINCHESTER**

(Area code) Phone number Email (required for IVIPS and Bulk records)  
**(425) 347-4545 title@everettpowersports.com**

Physical address of business (Number and street, City, State, ZIP code)

**215 SW EVERETT MALL WAY EVERETT, WA 98204**

Mailing address of business, if different (Address or PO Box, City, State, ZIP code)

Provide one of these identifiers:

Taxpayer Identification Number (TIN)

Employer Identification Number (EIN)

WA Unified Business Identifier (UBI)

**600449698**

## 2 Provide a detailed explanation of your primary business activity (exactly what your business does).

**MOTORCYCLE/ATV DEALERSHIP**

## 3 Check all that apply to you and/or your business

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Attorney                      | <input type="checkbox"/> Lien service                   | <input type="checkbox"/> Service bureau for another business  |
| <input type="checkbox"/> Auction                       | <input type="checkbox"/> Marina                         | <input type="checkbox"/> Provide business name:               |
| <input type="checkbox"/> Auto manufacturer or agent    | <input type="checkbox"/> Neighborhood block watch       | <input type="checkbox"/> Storage facility                     |
| <input type="checkbox"/> Bail bonds                    | <input type="checkbox"/> Newspaper or media             | <input type="checkbox"/> Title/Escrow                         |
| <input type="checkbox"/> Bank or financing firm        | <input type="checkbox"/> Non-profit organization        | <input type="checkbox"/> Toll facility                        |
| <input type="checkbox"/> Business                      | <input type="checkbox"/> Parking enforcement            | <input type="checkbox"/> Towing company                       |
| <input type="checkbox"/> Commercial parking company    | <input type="checkbox"/> Private investigator           | <input type="checkbox"/> Transporter                          |
| <input type="checkbox"/> Credit union                  | <input type="checkbox"/> Process server                 | <input type="checkbox"/> Union (non-profit)                   |
| <input type="checkbox"/> Data broker/Reseller          | <input type="checkbox"/> Property mgmt. - Government    | <input checked="" type="checkbox"/> Vehicle/Vessel dealer     |
| <input type="checkbox"/> Debt recovery/Collection      | <input type="checkbox"/> Property mgmt. - Private       | <input type="checkbox"/> I represent a business that will     |
| <input type="checkbox"/> Employer/Prospective employer | <input type="checkbox"/> Repossession service           | <input type="checkbox"/> provide information to another party |
| <input type="checkbox"/> Government                    | <input type="checkbox"/> Retail/Store                   | <input type="checkbox"/> Provide business names:              |
| <input type="checkbox"/> Guardianship/Trustee service  | <input type="checkbox"/> School - Private               | <input type="checkbox"/> Other (explain)                      |
| <input type="checkbox"/> Homeowner association         | <input type="checkbox"/> School - Public                |   |
| <input type="checkbox"/> Hospital                      | <input type="checkbox"/> Scrap processor or wrecker     |   |
| <input type="checkbox"/> Hulk hauler                   | <input type="checkbox"/> Security services - Government |   |
| <input type="checkbox"/> Insurance company/agent       | <input type="checkbox"/> Security services - Private    |   |



**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

**VERIFY OWNERSHIP OF VEHICLES BROUGHT IN FOR TRADE, CONSIGNMENT, PURCHASE OR WHOLESALE. CHECK FOR LIEN HOLDERS AND ALL POTENTIAL REGISTERED OWNERS FOR SAID VEHICLES.**

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No

*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No



☐ **I represent a government agency.** Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☒ **I represent a Washington State business.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☐ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ **I am a process server.** Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ **I represent a non-profit organization or corporation.**

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ **I am an attorney.\*** Attach legible copies of:

- your current business license
- your current bar card

☐ **I am a private investigator.\*** Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

TITLE/ACCOUNTING CLERK

Title

05/12/16 SNOHOMISH CO.

☒ **TRINA J. WINCHESTER**

Date and place (county) signed

Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



**UNITED BUSINESS ED FUND** 409-688  
**BUSINESS ED FUND** 409-688  
 Location: 7-30-2016

**Business Development**

EXP. DATE: 07-31-2016

**TAX-EQUALIZATION**

INDUSTRIAL INSURANCE

WEST VALLEY #8615

MTS CELLANEOUS VEHICLE DEALER #6686

RETCENSING RESTRICTIONS

Not licensed to work minors without a Minor Work Permit

REGISTERED TRADE NAMES

EVERETT POWERSPORTS, INC.

[illegible]



STATE OF  
WASHINGTON

# RESELLER PERMIT

Washington State Department of Revenue

P.O. Box 47476 • Olympia, WA 98504-7476 • 1-800-647-7706

**Issued to:**

600 449 698  
EVERETT POWERSPORTS INC  
EVERETT HONDA MOTORCYCLE COMPANY  
215 SW EVERETT MALL WAY  
EVERETT WA 98204 2781

**Permit Number:** A01 4708 17

**Effective Date:** 01-01-2014

**Expiration Date:** 12-31-2017

**Business Activities:**

MOTORCYCLE, ATV, AND ALL OTHER MOTOR VEHICLE  
DEALERS

**This permit can be used to purchase:**

- Merchandise and inventory for resale without intervening use
- Ingredients, components, or chemicals used in processing new articles of tangible personal property produced for sale
- Feed, seed, seedlings, fertilizer, and spray materials by a farmer
- Materials and contract labor for retail/wholesale construction
- Items for dual purposes (see Purchases for Dual Purposes on back)

**This permit cannot be used to purchase:**

- Items for personal or household use
- Promotional items or gifts
- Items used in your business that are not resold, such as office supplies, equipment, tools, and equipment rentals
- Materials and contract labor for public road construction or U.S. government contracting (see Definitions on back)
- Materials and contract labor for speculative building

**This permit is no longer valid if the business is closed.**

**The business named on this permit acknowledges:**

- It is solely responsible for all purchases made under this permit.
- Misuse of the permit:
  - Subjects the business to a penalty of 50 percent of the tax due, in addition to the tax, interest, and penalties imposed (RCW 82.32.291).
  - May result in this permit being revoked.

**Notes (optional):**

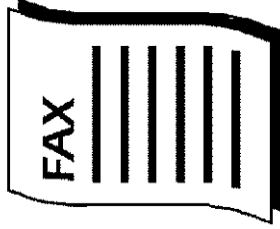
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**Important:** The Department of Revenue may use information from sellers to verify all purchases made with this permit were qualified.

*Reseller: Keep this original permit on file. Provide copies to sellers from which you make purchases.*



**To: Vehicle Contract**

Company:

Fax: 360-570-78-95

Phone:

**From:**

Fax: + 1-847-281-4443

Phone: + 1-847-371-4300x2710

---

**NOTES:**

**CONFIDENTIALITY NOTICE**

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION WHICH IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED.

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**Date and time of transmission:** Wednesday, April 27, 2016 3:39:30 PM  
**Number of pages including this cover sheet:** 05





## Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: (360) 570-7895 or email (print and scan or upgrade to Adobe Reader XI or above) to: [vsdisclose@dol.wa.gov](mailto:vsdisclose@dol.wa.gov).

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

### Fees

**IVIPS contract fees:** There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

**Bulk records contract fees:** There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

<b>1</b> Method of access you are requesting			
<input checked="" type="checkbox"/> <b>IVIPS (Individual record inquiries)</b> Current IVIPS number, if applicable _____ <input type="checkbox"/> <b>Bulk vehicle/vessel records (Batch process)</b> Frequency (check one): <input type="checkbox"/> One time <input checked="" type="checkbox"/> Periodic <input type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name VW Credit Leasing LTD.			
Contract contact/manager (IVIPS and Bulk records accounts) Jessica Shippee		Signing Authority name (Bulk records accounts only) <i>Jessica Shippee</i>	
(Area code) Phone number (847) 371-4300	Email (required for IVIPS and Bulk records) jessica.shippee@vwcredit.com	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 1401 Franklin Blvd Libertyville IL 60048			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code)			
Provide one of these identifiers:	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601 992 223

**2** Provide a detailed explanation of your primary business activity (exactly what your business does)

Captive Automotive Finance Company

**3** Check all that apply to you and/or your business

<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input checked="" type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____
---	--	---

**4** Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

To verify the accuracy of information submitted. To verify the presence of our lien/subsequent liens, for use in the normal course of business by VW Credit Leasing LTD as lessor/lienholder on such vehicles.

**5** Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ..... ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

How will you provide the information to recipients? Explain.

**6** Owner contact

Will you contact the vehicle/vessel owner? ..... ☐ Yes ☒ No  
*Unsolicited business contact for commercial purposes is strictly prohibited.*

If yes, why will you contact the owner and how will you contact them?

**7** Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ..... ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ..... ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ..... ☒ Yes ☐ No

**8** Check all that apply

☐ I represent a government agency. Agency name: \_\_\_\_\_

Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ..... ☐ Yes ☐ No

☐ I represent a Washington State business. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess

☒ I represent a business outside Washington State. If your business is not required to be licensed in the state of Washington, attach a legible copy of either:

- your current business license
- a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).

☐ I am a process server. Attach legible copies of:

- your current business license
- any/all professional licenses that you possess
- registration for county jurisdictions

☐ I represent a non-profit organization or corporation.

1. Attach a legible copy of one of the following:

- Your Articles of Incorporation, filed with the Secretary of State
- Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
- Other documents reviewed and approved by the Department of Licensing Public Records Officer

2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.

☐ I represent a data broker/reseller – attach a legible copy of your current business license.

IVIPS applicants must also include:

- subscriber roster (provided on page 4)
- subscriber agreements

☐ I am an attorney.\* Attach legible copies of:

- your current business license
- your current bar card

☐ I am a private investigator.\* Attach legible copies of:

- your current Private Investigator license
- your current business license

**\*Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

**Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640**

*By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

4-27-16

Date and place (county) signed

Jessica Shippee VW Credit Titus Spensor  
Title

**X** *Jessica Shippee*  
Signature

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725  
Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93



STATE OF  
WASHINGTON

# BUSINESS LICENSE

## Trust

Unified Business ID #: 601 992 223  
Business ID #: 1  
Location: 1  
Expires: 11-30-2016

VW CREDIT LEASING, LTD  
1401 FRANKLIN BLVD  
LIBERTYVILLE IL 60048 4460

## TAX REGISTRATION

### CITY LICENSES/REGISTRATIONS:

BELLEVUE GENERAL BUSINESS #067261  
BELLINGHAM GENERAL BUSINESS  
SPOKANE GENERAL BUSINESS #T12035080BUS  
SHORELINE GENERAL BUSINESS  
ISSAQUAH GENERAL BUSINESS  
GIG HARBOR GENERAL BUSINESS  
SPOKANE VALLEY GENERAL BUSINESS  
SAMMAMISH GENERAL BUSINESS

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

*W. Smith*

Director, Department of Revenue

STATE OF WASHINGTON  
EXPIRATION DATE 11-30-2016  
223 1 1  
EASING, LTD  
IN BLVD  
E IL 60048 4460  
GENERAL BUSINESS #067261  
GENERAL BUSINESS  
GENERAL BUSINESS #T12035080BUS  
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*W. Smith*  
Director, Department of Revenue

THIS SECTION FOR YOUR WALLET



# Redaction Log

Reason	Page (# of occurrences)	Description
13a	12 (1) 150 (1)	RCW 42.56.420(4). Security – Computer and Telecommunications Networks. Information regarding the infrastructure and security of computer and telecommunications networks, consisting of security passwords, security access codes and programs, access codes for secure software applications, security and service recovery plans, security risk assessments, and security test results to the extent that they identify specific system vulnerabilities.
6a	5 (1) 21 (1) 31 (1) 41 (1) 47 (1) 52 (1) 66 (1) 71 (1) 83 (1) 86 (1) 89 (1) 99 (1) 130 (2) 137 (1) 142 (1) 150 (1) 163 (1) 167 (1) 172 (1) 175 (1) 179 (1) 185 (1) 190 (1) 195 (1)	RCW 42.56.230(5); RCW 9.35.005. Personal Information – Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation.